

ABSTRACT

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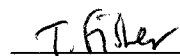
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ABSTRACT

This dissertation describes how Registered Play Therapists and Registered Play Therapists' Supervisors (a) discover various multiculturally sensitive techniques in play therapy, (b) determine if play therapists are displaying cultural sensitivity, and (c) verify if training influences multicultural competence. This study used a phenomenological qualitative design and was conducted in two phases.

In phase 1, a web-based survey was used to gather demographic data on Registered Play Therapists and Registered Play Therapists' Supervisors residing in the USA. Those who met pre-determined criteria were chosen and interviewed for participation in the second phase. A telephone interview comprised phase 2 and responses were coded and categorized into themes.

This examination revealed that play therapists engage in multiculturally sensitive practices and display a number of related culturally sensitive play therapy techniques. A focus on family, customs, cultural games, and language were effective strategies used by participants. It was also discovered that training and years of experience in the field did not necessarily impact one's capacity to provide multicultural play therapy. Finally, their ability to demonstrate a non-directive and child-centered approach was deemed a significant source in developing adaptive behaviors.

NORTHERN ILLINOIS UNIVERSITY

IDENTIFICATION OF PLAY THERAPY STRATEGIES
THAT ARE USED WITH LATINO CHILDREN

A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIRMENTS
FOR THE DEGREE
DOCTOR OF EDUCATION

DEPARTMENT OF COUNSELING, ADULT AND HIGHER EDUCATION

BY

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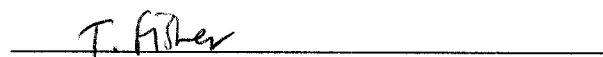
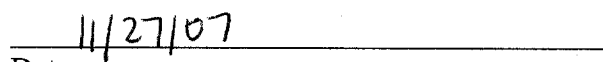
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To all of you, a sincere thank you from the bottom of my heart.

DEDICATION

To my lovely mother Patricia, I love you with all my heart

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CHAPTER 1

INTRODUCTION

Play therapy is a therapeutic way to work with children aged three to ten by using play as a medium for self-expression and exploration (Kottman, 2003).

Children do not have the attention span or the emotional vocabulary to participate in talk therapy (Landreth, 2002; Norton & Norton, 1997; Webb, 1999). Play therapy has been shown to be an effective method in treating children with different psychological disorders. It has also been reported that play therapy is effective across modality, age, gender, clinical and nonclinical populations, settings, and theoretical schools of thought (Coleman, Parmer, & Barker, 1993; Kottman, 2003; Landreth, 2001; Ray, Bratton, Rhine, & Jones, 2001).

The importance of cultural sensitivity will be detailed in the later sections; however, the literature speaks to the importance of considering the client's cultural background when providing therapy to multicultural populations. For example, Garza and Bratton (2005), maintained that culturally relevant materials such as language (Spanish) and culturally specific toys (e.g., tortilla, a darker skinned doll), help create a familiar atmosphere. By introducing culturally relevant materials, clients are able to communicate with a sense of cultural familiarity. This dissertation will examine how play therapists are considering the Latino child's cultural background when choosing a

therapeutic technique or strategy, as well as identifying specific techniques utilized in play therapy.

Statement of the Problem

The United States is becoming increasingly more diverse and according to the 2002 Census Bureau, more than one in eight people in the United States are of Hispanic origin. This group represents 13.3 percent of the total population. In addition, 34.4 percent of Hispanics were reported to be under the age of 18 (Ramirez & Cruz, 2003). Therefore, youth of color will make up the majority of the youth population. Statistics show that a large percentage of our population is Latino and a much larger percentage is children and adolescents. Additionally, the Latino population is steadily increasing each year and by 2050, White people will only make up 53% of the population (Ritter & Chang, 2002). Therefore, it is imperative that this group receive counseling services that can meet their cultural needs.

Valdez (2000) suggested that the biggest problem in service delivery is due to the inability of therapists to provide culturally sensitive forms of treatment. They believe it is because most therapists are not knowledgeable with the cultural background and life styles of many racial/ethnic groups and have received training that focuses on treating European Americans, or mainstream Americans. Tharp (1991) reported that treatment is more effective when it is compatible with the client's cultural experiences, values, traditions and beliefs. However, very little evidence exists that play therapy has been impacted by the importance of considering the child's

cultural experiences, values, traditions, and beliefs. It appears that child therapists are not doing much to take this notion into account (Garza & Bratton, 2005).

Empirical studies supporting the use of culturally sensitive therapeutic interventions with Latino children are limited. In fact, in doing a comprehensive literature review, only two studies (Constantino, Malgady, & Rogler, 1986, 1994) that used culturally specific interventions were discovered. The same authors (i.e., Constantino, Maglady, and Rogler) conducted three (1986, 1990, and 1994) controlled studies addressing different age groups from childhood to adolescence in order to determine the effectiveness of culturally specific interventions with Latino children. In addition, Trostle (1988) designed a study to investigate the effects of child-centered group play therapy with Puerto Rican children. Besides these studies, little has been found on controlled studies that focus on the direct relationship between culture and intervention. Moreover, limited research exists on specific play therapy techniques that are effective for Latino children. Some studies exist (Bratton & Ray, 1999; Ray, Bratton, Rhine, & Jones, 2001) that prove the effectiveness of play therapy with children but do not support the effectiveness of specific techniques with Latino children.

While there is some limited knowledge regarding effectiveness, what is not known is what exactly play therapy practitioners are doing with Latino children. Gil (2005) reported that there have been no publications about Hispanics in Play Therapy since 1992. Martinez and Valdez's (1992) book chapter about cultural considerations in play therapy with Hispanic children appears to have the most extensive writing on

this topic. The authors elucidate the use of structured play therapy with Latino children, explain its advantages and limitations, describe play materials and techniques used for assessment, and describe three case studies. Furthermore, they describe a “transactional contextual model” of play therapy, which encourages children to explore their issues by acknowledging the multiple cultural contexts that they are immersed in. Besides this, not much has been reported on how the play therapists are displaying cultural sensitivity to the Latino child.

Background of the Problem

The American population is more multilingual, multiethnic, and multicultural than ever. As a result, counselors have realized the importance of incorporating multicultural content into their training in order to become multiculturally competent counselors (Holcomb-McCoy & Myers, 1999). In their study Holcomb-McCoy and Myers found that professional counselors are most knowledgeable about their own personal worldview and less knowledgeable about their clients’ cultures. As a whole, professional counselors were reported to be less than knowledgeable regarding their clients’ culture (Holcomb-McCoy & Myers). Therefore, what can be said of play therapists, considering that they are a small group in the large population of counseling professionals?

The background of the problem is based on four recurring themes found in the literature. First, the population of our country is in large made up of Latinos. The Latino community continues to grow very quickly. In fact, La Roche (2002) reports

that from 1990 to 2000 the Latino population has increased by 57.9%, from 22.4 million to 35.3 million, becoming the largest minority group in the United States. It is estimated that by the year 2050, more than 81 million people living in the United States will be Latino.

Second, literature reveals that most psychotherapeutic strategies have been designed for non-Hispanic White patients and tend to overlook cultural differences (La Roche, 2002). La Roche further noted that there is an urgent need to develop psychotherapeutic approaches responsive to Latinos' cultural characteristics. In addition, it has been reported that Latinos will use mental health services and remain in therapy longer if they are treated by individuals who are aware of their culture (O'Sullivan & Lasso, 1992). Research has shown that health professionals who have concern about cultural diversity are more effective in achieving optimum outcomes (Glazner, 2006; Notari-Syverson, Losardo, & Lim, 2003). These researchers suggest that counseling is more effective when the client's cultural background is taken into account.

Third, the importance of multicultural counseling has become more and more understood; however, it is unsure what play therapists are doing to accurately meet the needs of Latino children. There is a dearth of literature about what is being done by play therapists to accurately meet the needs of young Hispanic clients.

Finally, ethical standards put forward by the Association of Play Therapy require that therapists be mindful of cultural diversity and of their own differences that may influence therapeutic interventions (as cited in Ritter & Chang, 2002).

Purpose of the Study

The purpose of this study is twofold. First, it is to identify play therapy techniques that are currently being used by practitioners in this field with Latino children. After specifying and identifying possible culturally mindful techniques, it will be determined whether or not play therapists are showing cultural sensitivity in their practice. Identification of effective techniques will be based on the perceptions of play therapists. Second, it is to gain a better understanding how multicultural training lends to the development of culturally sensitive techniques. In other words, the ultimate goal of this research is to gain insight into the strategies and techniques that play therapists are using to show multicultural competence and sensitivity, and, in addition, to determine if training impacts the development of these techniques.

Significance of the Study

Abernethy 1995 defines multiculturally competent counselors (as cited in Holcomb-McCoy & Myers, 1999) as professionals who have the skills needed to work adequately with clients of diverse cultural and ethnic backgrounds. This speaks to the need for play therapists to examine their beliefs, knowledge, and skills as multicultural counselors. In doing so, the play therapist should be able to identify culturally sensitive techniques he/she is using in order to show competence. In other words, how are play therapists considering the Latino child's cultural background when applying specific therapeutic techniques? The findings of this study will help clarify the

following: (a) are play therapists multiculturally competent, and (b) what strategies do play therapists use with Latino children? Results will help therapists identify techniques that can be incorporated into their own practice and professional development.

Definition of Terms

Following are definitions of terms used in this study.

Acculturation. Acculturation has been defined as “the steps by which ethnic minorities ascertain world views and cultural or social values of the dominant group and adapt their cultural patterns” (Ponterotto, 1987, p. 309).

Culture. The shared beliefs, values, and practices of a given group of individuals usually from similar racial, ethnic, national, or religious backgrounds (Lopez & Hernandez, 1987).

Cultural Sensitivity/Counseling. Interventions that take the cultural context of the client into account (Tharp, 1991).

Multicultural Counselors. Professionals who use appropriate therapeutic skills in order to work adequately with clients of diverse cultural and ethnic backgrounds (Abernethy, 1995, cited in Holcomb-McCoy & Myers, 1999).

Latino/Latina. A gender inclusive term to describe individuals of Mexican, Cuban, Puerto Rican, South and Central American heritage (Gloria & Rodriguez, 2000).

Multicultural Competence. The ability to understand and relate to the uniqueness of each client despite culture diversity that influences each person's perspective (Stuart, 2004).

Play Therapy. The Association for Play Therapy (APT) (2001) defines play therapy as "the systemic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (p. 20).

Strategies and Techniques. Strategies or techniques refer to the intricacies that are needed for carrying out therapeutic work (Beutler & Clarkin, 1990).

Sample Population. Members of the Association for Play Therapy who are credentialed as either a Registered Play Therapist (RPT) or Registered Play Therapist Supervisor (RPTS), who participated in the first phase of this study.

Limitations

This investigation will base its conclusions on the perceptions of play therapists and what they deem are effective cultural techniques. This study is limited because the credibility and validity of effectiveness are based on the experiences and perceptions of play therapists. While perceptions of play therapy practitioners are important, therapists may be unaware of their cultural insensitivity. If so, they will be unable to identify specific techniques that are culturally sensitive to Latinos and this may limit their usefulness of their perceptions in evaluation of cultural competence.

Additionally, therapists may be limited in their exposure to different Latino cultures illustrated by the idea that some therapists consider play as the universal culture in children. Therefore, they may be hesitant to report on race, color, language, and factors as influencing practice. Finally, no member check was done, which may limit the validity of the results of this study.

Summary

Play therapy is a psychotherapeutic way to treat children with emotional and behavioral difficulties. It allows the child to communicate his or her thoughts and feelings in a developmentally appropriate manner. Play therapy has shown to be an effective modality in working with children. Through this form of treatment, children are capable of dealing with their inner conflicts by using their natural form of expression (i.e., play).

In the United States, a large portion of the population is made up of Latinos. In fact, the majority of these Latinos are under the age of 18 and these numbers are steadily increasing. It is imperative that this group receive adequate counseling services that meet their cultural needs. Literature indicates that considering the Latino's cultural background is a prerequisite for effective multicultural counseling. There is little evidence to indicate and/or explain how play therapists are meeting these demands. Moreover, there is a responsibility for play therapists to display cultural sensitivity and to abide by the standards that have been put in place by the APT.

This study will examine how play therapists show cultural sensitivity to Latino children through the use of specific techniques, and their notion of effectiveness based on practice. Results of this study will identify methods of implementing culturally specific techniques with Latino children. It will also provide suggestions for professional growth for practicing play therapists.

CHAPTER 2

REVIEW OF LITERATURE

This chapter is organized into four sections. The first discusses multicultural counseling and competencies. The second presents an overview of play therapy research along with a brief synopsis of play therapy history. The third section reviews what the literature says about culturally sensitive counseling. The fourth section reviews outcome studies with Latino children.

Multicultural Counseling

The Association for Multicultural Counseling and Development (AMCD) has approved a framework that outlines the need and rationale for a multicultural perspective in counseling. This was driven by the realization that our society is rapidly becoming multiracial, multicultural, and multilingual (Sue, 1991; Sue & Sue, 1999). Immigration rates are at their highest and ethnic minority birthrates are higher than White American birth rates (Sue, Arrendondo, & McDavis, 1992). Working with ethnically diverse clients will become the norm and it is essential that multicultural standards of practice be adhered to so that these populations receive adequate and appropriate counseling services. Furthermore, the adoption of multicultural

competencies is indicative of ethical and culturally responsive practices (Arredondo & Toporek, 2004).

Multicultural Competencies

The Association of Multicultural Counseling and Development established in 1972 is based on principles of inclusion. The mission statement ascertained that the organization would be multicultural, inclusive of persons of different ethnic, racial, and national heritage. Due to practices of exclusion of ethnic/racial minorities in professional activities, the Association of Non-White concerns (now AMCD), came into existence. For quite some time counseling texts, research studies, and clinical training rendered ethnic racial minorities invisible. Thus, it became necessary for AMCD to take on a leadership role in order to help the mental health profession recognize the assets of culture, ethnicity, and race and to address concerns about ethical practice. Commissioned by the presidents of AMCD, the competencies were prepared by the AMCD Professional Standards Committee in consultation with organizational leadership (Arredondo & Toporek, 2004).

Multicultural counseling standards and competencies that are outlined below were established to provide consistency and ethical guidelines for practitioners, educators, and organizations (Toporek, 2001). Patterned on a previous document, Sue and Sue (1999) have outlined the characteristics of what constitutes a culturally competent counselor. First, a culturally competent mental health professional is one who is actively becoming aware of his/her own cultural biases and values. Second, a

culturally competent helping professional is one who tries to understand the worldview of a client who is culturally different from him- or herself. Finally, a culturally competent counselor is one who is in the process of developing appropriate culture-sensitive interventions and strategies for working with a culturally different client. As one strives to become multiculturally competent, the professional must focus on the following areas (a) skills, (b) attitudes and beliefs, and (c) knowledge. Becoming a culturally competent counselor is an ongoing process that requires continuous personal growth that is only achieved through experience and exposure to cultural diversity. Arrendondo and Perez (2006) agreed and also described development of multicultural competence as an ongoing process of difficult dialogues, progress, backsliding, and breakthroughs.

Stuart (2004) maintained that in order to achieve true multicultural competence, clinicians must avoid stereotypes and be able to identify the many cultural influences that identify each client. Stuart noted that cultural influences usually operate unconsciously because no individual is a repository of a “pure” culture, and he offers 12 suggestions to facilitate multicultural competence. The suggestions are: (a) develop skills in discovering each person’s unique cultural outlook, (b) acknowledge and control personal biases by articulating your worldview and evaluating its sources and validity, (c) develop sensitivity to cultural differences without overemphasizing them, (d) uncouple theory from culture, (e) develop a sufficiently complex set of cultural categories, (f) critically evaluate the methods used to collect relevant data before applying the findings in psychological services, (g)

develop a means of determining a person's acceptance of relevant cultural themes, (h) develop a means of determining the salience of ethnic identity for each client, (i) match any psychological tests to client characteristics, (j) contextualize all assessments, (k) consider clients' ethnic and world views in selecting therapists, intervention goals, and methods, and (l) respect clients' beliefs, but attempt to change them when necessary. Reference to Stuart's model was found in the literature (Fouad, 2006; Roberts, Christiansen, Borden, & Lopez, 2005). These authors contend that competence in and sensitivity to diversity and multicultural considerations are required.

Counseling with Latino Populations

A comprehensive literature review concluded that there are few well controlled investigations on the therapeutic effectiveness of various treatment modalities for counseling culturally diverse populations. Treatment-outcome research with minority populations is nearly absent and most of the research findings in the literature are anecdotal and speculative (Rosello & Bernal, 1999). Unfortunately, there is even a greater absence of outcome studies focusing specifically on Latino populations. A current review of the outcome literature with culturally diverse populations revealed two studies that used a randomized controlled design with Latino adults. The appropriateness of diverse therapeutic orientations and interventions for Mexican Americans and other minorities has been a source of debate for quite some time (Ponterotto, 1987). A review of the studies found follow in the next section.

Cognitive-Behavioral therapy has been suggested to be an effective treatment for Latinos. Comas-Diaz (1981) compared a control, a cognitive, and a behavior therapy group in the reduction of depression in low-income Puerto Rican women. Results demonstrated a significant reduction in depression for the treatment groups and no significant differences between the cognitive and behavior approaches. A 5-week follow-up revealed that the reduction of the depressive symptoms had been maintained with a slight advantage for the behavioral condition.

Miranda and Munoz (1994) investigated the effectiveness of a cognitive-behavioral psychoeducational intervention for minor depression versus a control in ethnically diverse men and women. Results indicated that participants in the intervention group resulted in a greater reduction in depression levels across time compared to those in the control group.

Ponterotto (1987) deemed the cognitive-behavioral therapy (CBT) approach to counseling Latino adults as an appropriate intervention. He reasoned that the approach is action-oriented and involves the clients' participation, which allows them to choose goals and techniques that are not contrary to their inherent cultural values but does not provide examples of certain goals and values. Organista and Munoz (1996) agreed with Ponterotto in advocating CBT for Latino clients. The authors explained that the expectations of traditional Latino patients include immediate symptom relief, guidance and advice, and a problem-centered approach. They also argued that the didactic style of CBT can quickly orient clients to therapy by educating them about mental disorders and how CBT is used to conceptualize and treat their problems. Clients unaccustomed

to therapy are taught what they can expect and what will be expected of them in the attempt to prevent drop-out and enhance treatment. Ponterotto, Organista, and Munoz have all offered rationales as to why the cognitive-behavioral approach fits well with the Latino client but have no evidence (i.e., a controlled study) to support their claim. Semmler and Williams (2000) disagreed with those authors who believe that traditional counseling approaches are appropriate for working with multicultural populations. They argued that “traditional counseling approaches (e.g., cognitive-behavioral, psychodynamic, humanistic) fall short theoretically of establishing the vital, health-based, cocreative counseling relationship” (p. 60).

Culturally Sensitive Counseling

Literature on Cultural Sensitive Counseling/Research

The literature is filled with definitions and explanations of what constitutes culturally sensitive counseling; which is considered a prerequisite for counseling multicultural populations. Several terms and definitions are used in the literature to describe an approach to counseling and research that demonstrates cultural competence from the therapist. Many authors consider culturally relevant counseling as the incorporation of one's cultural attributes, including psychosocial, economic, and political needs, into the therapeutic process (Arredondo & Perez, 2003; Ponterotto, 1987; Triandis, 1985).

Altarriba and Baur (1998) refer to “cultural sensitivity” as a treatment model built on a set of ideas that complement the client’s value structure. In addition, interventions that take the cultural context of the client into account are considered to be “culturally sensitive” (Tharp, 1991). Marin (as cited in Bernal, Bonilla, & Bellido, 1995) defined culturally appropriate interventions as strategies for behavioral change meeting three basic standards: (a) interventions must be based on cultural values of the group, (b) strategies that make up the treatment must be in agreement with the subjective culture of the particular ethnic group, and (c) strategies must be based on the expectations and behavioral preferences of the group.

Rogler (1989) viewed culturally sensitive research as an ongoing process where the researcher considers the culture of the group throughout the entire research experience. Moreover, culturally sensitive research requires that in the collection of field data the researcher make adaptations where needed to the client’s cultural context. The importance of consistently taking the client’s cultural characteristics into account is found throughout the literature.

Many authors have defined and described ways in which to show cultural sensitivity and competence. The common factor is the importance and necessity of considering the client’s cultural background. There is an apparent consensus among many authors that cultural sensitivity is imperative when providing psychotherapy to Latino clients.

Cultural Sensitive Counseling Considerations for Latinos

Several authors agreed that the level of acculturation of the Latino client should be taken into consideration when contemplating internal and external based counseling interventions (Altarriba & Baur, 1998; Kerl, 1999; Norris, Ford, & Bova, 1996). Acculturation has been defined as “the steps by which ethnic minorities ascertain world views and cultural or social values of the dominant group and adapt their cultural patterns” (Ponterotto, 1987, p. 309). Ponterotto also suggested that Mexican Americans of “lower” acculturation levels will require culturally sensitive interventions, whereas “higher” acculturated Mexican Americans may do very well with more traditional therapeutic interventions.

In determining the Latino child’s level of acculturation, the following questions are helpful. First, the play therapist could question the parents in terms of their traditions. Another question is, how many generations have resided in the United States? What language is spoken at home, and mother’s role at home, all provide clues to the level of acculturation. Therapists must also be aware that the level of acculturation could differ between parent and child (Carmichael, 2006).

In hopes of offering culturally sensitive counseling, Herring (1997) put forward important ideas to consider when working with Hispanic clients. First, it is imperative to pronounce the name correctly. She notes that mispronouncing the child’s name will cause the child to lose confidence in his or her provider. Second, personal space is another consideration. Hispanics, as a whole, have a lower tolerance for personal space/invasion. Additionally, Hispanics tend to display fewer self-

disclosers in comparison to other cultures. Last, the Hispanic's family is the source of their cultural beliefs and values. In order to treat that child effectively, it is important to incorporate the Hispanic's extended family into treatment (Herring, 1997).

Gibbs and Huang (2003) agreed that research on methods of intervention with Central American families and children in the United States is needed. They have provided two recommendations of how to engage with Central American children and adolescents. First, it is important for the therapist to inquire what language is preferred by the child. Second, the professional must show sensitivity to multiple experiences.

Importance

As a result of recent demographic changes as well as the requests by minority groups for fair treatment, a great deal of attention has centered on the problem of developing adequate and appropriate counseling services for ethnically diverse populations (Bernal, Bonilla, & Bellido, 1995). Effective counseling of Hispanic Americans requires recognition and understanding of children, their culture, and the relationship between the two. Padilla, Ruiz, and Alvarez (1975) also voiced the need for Hispanics to have therapeutic services that consider their culture. Accurate cultural knowledge by the therapist works to increase his or her credibility with a client, which is related to the effectiveness of treatment (Sue & Zane, 1987).

It is imperative that play therapists increase their level of multicultural competence and cultural sensitivity because of the rapid increase in culturally diverse

youth in this country. According to Raymond (2001), nearly a quarter of the American population identifies themselves as something other than white. There is a paucity of research evaluating culturally competent treatment outcomes for ethnic populations. Little work is currently being done in the development and testing of culturally informed interventions (Bernal et al., 1985). Some authors believe that the child's cultural background, language problems, and family orientations should be the major factors in deciding which type of therapy to use (Baruth & Manning, 1992). There is a consensus in the literature that cultural background should be taken into account when devising appropriate therapeutic interventions with ethnically diverse clients. The play therapists who strive to learn and understand their client's culture will be more successful at entering the child's world. By entering this world, there will be less chance of mistreatment and/or erroneous assumptions (Gil, 2005).

Multicultural Competencies for Children

Multicultural counseling competency guidelines towards children and adolescents is lacking in the counseling literature. One article was found that addressed multicultural competency when working with children. Clay (2002) has provided a way to integrate culture into treatment. He noted that before beginning, it is important that counselors be aware of their own biases and worldview. The author described the following five steps to guide a counselor in providing multiculturally competent counseling services to a diverse child clientele.

First, the therapist must evaluate which, if any, cultural aspects are relevant. The counselor may want to assess the child's understanding and integration of multiculturalism in his/her life. Since young children might be unable abstractly to understand concepts of culture and race. It is worth gaining an understanding of how a child views him/herself from a multicultural perspective. Also, it is important to assess the child's ethnic identity. One should not assume that a child who looks Chinese adheres to Chinese cultural patterns.

Second, a counselor should determine the level of skills and information necessary for competent treatment and possible referral. A competent therapist must understand the population that he or she will likely be working with. The clinician should comprehend the various norms and values of different ethnic groups and recognize how they might differ from the therapists' own beliefs. In addition, the counselor should be prepared to work collaboratively with other health care providers in the child's life. Finally, the counselor has to determine if the issues presented are in the area of his or her expertise.

The third way to integrate culture into treatment is to determine how much, when, and how to incorporate cultural issues. In order to understand the salience of culture within a child's life it is important to gather as much information pertaining to the case. Johnson-Powell (1997) proposed several ideas for professionals when working with multicultural children. During the interview the author recommends the following: a) enter the world of the child, b) shape the content and context of the interview, c) make the client comfortable, d) decrease social distance, e) increase the

perception of sameness, and f) elicit as much information as possible at each contact depending upon the level of comfort. Furthermore, the therapist needs to gather pertinent information in order to decide if, how, and how much to include cultural issues into therapy.

The fourth step when working with culturally diverse children and adolescents is to examine potential treatments and understand the cultural assumptions of each. According to Clay (2002), empirically validated treatments (EVTs) available for children and adolescents have some limitations and the therapist must use caution when using those treatments. It is important for the therapist to identify useful treatments such as EVT's and evaluate the cultural assumption of each to determine which is most appropriate for the client. For example, systems techniques may be more appropriate for those whose cultural values include group and family.

Clay's fifth and final step to help guide the counselor in providing multiculturally competent counseling to a diverse child is to implement the treatment using cultural strengths. In this step it is important to learn the client's culture and to remember that the most obvious cultural issues may not always be the most relevant (e.g., a Latino child living in an all-White community). If counselors take a limited approach to multiculturalism, specific cultural issues may be overlooked. It is encouraged that counselors be aware of the boundaries of their own biases and worldviews before beginning treatment with a child of a different culture.

In review of the literature there was no structured set of guidelines found for using multicultural competence with children. Even though there is no existing

framework for children that resembles the one outlined for adults by Sue and Sue (1999), it's obvious that children are also defined by their culture. Therefore, the therapist working with a culturally different child must be able to show multicultural competence so that the child receives appropriate treatment. Clay's five-step model has commonalities with the multicultural competencies outlined earlier. For example, both describe the need for counselors to be aware of their own biases and worldview and both stress the importance of becoming familiar with the values and beliefs systems of the culturally different client. Multicultural counseling encompasses categories such as, sex, religion, sexuality, and race. It is difficult to fit all categories with children; therefore, for the purpose of this study "multicultural counseling" will refer to the client's racial/ethnic background.

Play Therapy Research

According to the literature, play therapy has been in practice as the developmentally appropriate approach to child therapy regardless of cultural background (Coleman, Parmer, & Baker, 1993; Kottman, 1995; Landreth, 2002). However, play therapy typically comes under fire for the perceived lack of research regarding outcome studies in this area (Bratton & Ray, 1999). Bratton and Ray conducted a comprehensive search of play therapy research conducted in the last century and found only four articles that addressed the issue of multiculturalism (Constantino, Malgady, & Rogler, 1986; Post, 1999; Trostle, 1988; Wakaba, 1983).

A review of the literature proves that very few outcome and process studies involving effective therapeutic interventions with culturally diverse children and adolescents have been conducted. Many authors have indicated that outcome studies are lacking and stress the need for research on effective therapeutic interventions with multicultural children. Tharp (1991) reported that research on cultural issues in clinical treatment with children is scant. Even though culture-specific treatments are desirable according to Tharp, very few have been designed and reported. Constantino, Malgady, and Rogler (1994) reported that there has been little research evaluating the effectiveness of psychotherapy for Hispanic children and adolescents. Kim (1985) concurred and reported that most traditional psychotherapeutic approaches do not meet the needs of Asian American children and their families. Research on the use of play therapy with diverse populations of children is almost nonexistent (Landreth, Homeyer, Bratton, & Kale, 1995). Actual research on play therapy has been sparse and practitioners have relied primarily on anecdotal case studies and theoretical perspectives on the efficacy of the play therapy approach with culturally diverse children (Cerio & Boehm-Morelli, 1999).

Play provides a vehicle for children to express their thoughts and emotions in a way that is natural for the child. The three categories to help facilitate children's expression are (a) real-life toys, (b) acting-out aggressive-release toys, and (c) toys for creative expression and emotional release. Examples of real-life toys are: dollhouse, puppets, and cars. Toy soldiers, guns, rubber knives, and wild animals are some examples of acting-out aggressive-release toys. Finally, sand, water, play dough,

paints, and crayons are typical toys used for creative expression and emotional release (Landreth, 2002).

Since children often lack the cognitive and verbal capabilities to express their feelings, play is the child's natural medium of communication and concrete connection in coping with his/her world (Landreth, 2002). The Association for Play Therapy (2001)(APT) defines play therapy as "the systemic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (p. 20). The practice of play therapy has been documented regularly in journals and other research literature since the 1940s and 1950s (Axline, 1947; Moustakas, 1959).

Play Therapy History

Psychotherapy with children was first attempted by Freud in 1909 (as cited in O'Connor, 2000) in an effort to relieve the phobic reaction of his now historic patient Little Hans. Even though Freud did not treat him directly, he advised Hans's father on how to resolve his conflict. Following Freud's work with Hans, Hermine Hug-Hellmuth (as cited in Landreth, 2002) incorporated play into therapy. He thought it was an essential part of child analysis. In 1928, Anna Freud began using play as a way to persuade children into therapy. The number of child theories and techniques grew rapidly between the 1930s and 1950s. Whereas Freud used play to build relationships between child patient and therapist, Klein (as cited in O'Connor, 2000)

suggested that play served as a direct substitute for verbalizations. She considered play to be the natural way in which children expressed themselves. The work of Hermine Hug-Hellmuth, Anna Freud, and Melanie Klein, who were all psychoanalysts, changed many attitudes about children and their problems.

In 1938, David Levy (as cited in Landreth, 2002) developed “release therapy” to treat children who had experienced a specific traumatic event. The role of the therapist was to introduce certain toys so that the child could recreate the stressful event. In 1955, Gove Hambidge extended the work of Levy and titled it “structured play therapy”; this approach was a more direct approach. After the therapist established the relationship, the traumatic event was recreated so that the child could play out the situation.

The practice of play therapy has been documented regularly in journals and other research literature since the 1940s and 1950s (Axline, 1947; Moustakas, 1959). Axline has been instrumental in developing the non-directive approach to play therapy. She believed that children had the ability to solve their own problems and thought play therapy could help a child reach his/her independence. In her book, she defines eight principles for practice. The eight principles are: (a) therapists must convey warmth and acceptance so that rapport is achieved, (b) the therapist appreciates the child as he or she is, (c) the therapist must be nonjudgmental and allow the child to express feelings freely, (d) the therapist understands the child’s feelings and reflects them back in a way that the child is able to gain insight to his or her behaviors, (e) the therapist maintains respect for the child’s ability to solve his or her

own problems and make choices, (f) the therapist does not lead the child's actions or conversations, (g) the therapist recognizes that the therapy is a process and does not hurry it along, and (h) the therapist recognizes limitations and helps increase the child's awareness of his responsibility.

Moustakas (1966) emphasizes the relationship needed between therapist and child in order to ensure that therapy is a growth experience. He identifies four stages of the therapeutic process; they are (a) the child's emotions are diffused and feelings are generally negative, (b) the relationship develops and anger is expressed by the child and is accepted by the therapist, thus helping to make the emotions less intense, (c) the child becomes less negative and still has anger but no longer feels uncertain toward others in her life, and (d) positive feelings emerge as the child sees him/herself and the relationship with others in a more stable way (Moustakas). The key element in these stages is the sense of security that children have developed with their therapist.

Play Therapy Effectiveness

Bratton and Ray (1999) reviewed the experimental research in play therapy done from 1942 up to 1999 and found that play therapy is effective with specific presenting issues. Play therapy has been shown to be an effective method of treating children with problems in the areas of self-concept, behavioral change, cognitive ability, social skills, and anxiety (Bratton & Ray).

Ray, Bratton, Rhine, and Jones (2001) conducted a meta-analysis of 94 research studies focusing on the efficacy of play therapy, filial therapy, and combined play therapy and filial therapy. Findings of the meta-analysis acknowledged that play therapy is an effective intervention in child therapy. According to this research, play therapy appears to work in various settings, across modalities, age and gender, clinical and non-clinical populations, and theoretical schools of thought.

These studies show the effectiveness of play therapy with children; however, the studies do not discuss the cultural background of the children. This leaves little determination of the benefits for Latino children.

Play Therapy Effectiveness with Multicultural Children

Although research is lacking, some authors reported ways to demonstrate cultural sensitivity in a play therapy setting – as a result, increasing effectiveness. Martinez and Valdez (1992) developed a “Therapist-Facilitative Model” for practicing play therapy with minority children. First, the model is therapist facilitated, in that the therapist must introduce important cultural and contextual elements into the play therapy. Second, the play therapy setting is set up in a way to access cultural themes. Third, the therapist must be aware of the cultural context that the child lives in to be able to bring that to the play therapy setting. Fourth, the therapist assumes an advocacy role to help the child through the play therapy experience. The goal of this play therapy model is to help children explore their issues by acknowledging and introducing the multiple contexts of their experiences.

In addition to the Therapist-Facilitative Model, the authors Martinez and Valdez (1992) noted play therapy materials that help create this environment. Cultural diverse pictures, drawings, postcards, and cultural artifacts can be used to decorate the walls. This can provide a welcome atmosphere for children to explore a multicultural play environment. Multiethnic dolls provide children with an opportunity to identify with people from their own cultural backgrounds. Bilingual books expose children to their own culture and teach them about conflicts/dilemmas. Ethnic music in the playroom may increase the cultural atmosphere that allows children to engage in play. Maps or globes can trigger children to discuss where their family came from. Kitchen toys help facilitate parent-child relationships (Martinez & Valdez, 1992). In sum, it is extremely important to equip play therapy rooms with materials that are culturally unique to Latino children, for the reason that it conveys a respect and understanding of the child's culture (Gil, 2005).

The following treatment strategies were offered by Chandras, Eddy and Spaulding (1999) in working with multicultural children. First, the play therapist should ask questions that are important and significant to the issue. Second, clearly explain the process of the play therapy. Third, focus on the issue and assist the client in constructing goals. Fourth, the play therapist must be directive with his or her client. Fifth, provide brief and solid solutions to the identified problem. These authors believe that a structured and directive approach is most effective with clients of multicultural backgrounds. Carmichael (2006) agreed that children in play therapy are more likely to respond to a structured and directive play therapy approach.

Outcome Studies with Latino Children

Nine outcome studies were found that included Latino children and adolescents. Three of the studies involved techniques that were culturally sensitive and specific to the Latino child and adolescent. Those studies will be reviewed first. The fourth and fifth study found utilized a child-centered play therapy approach. Study six, seven, eight and nine used traditional counseling techniques. All studies are reviewed respectively.

Study One, Cuento Therapy

Constantino, Malagady, & Rogler (1986) investigated the effectiveness of a therapeutic approach designed to be culturally sensitive to the Latino culture. Their study involved the comparison of “cuento” therapy (original and adaptive), traditional art/play therapy, and no therapy. In one version of the modality, cuentos (folktales) from Puerto Rican culture were used to present models of adaptive behavior for children. The original cuentos had culturally familiar characters of the same ethnicity as the children and served to model beliefs, values, and behaviors with which the children could identify and imitate. In the other version, folktales were tailored to bridge Puerto Rican’s children’s bicultural conflict. Adapted cuentos incorporated themes of adaptive coping within the American culture.

Two hundred and ten children from kindergarten through third grade and their mothers were randomly assigned to four equivalent groups: (a) original cuento

therapy, (b) adapted cuento therapy, (c) art/play therapy, and (d) the control group received no therapy. Treatment groups contained 4-5 mother-child dyads at each grade level. Both male and female therapists administered treatments jointly. Subjects participated in 20 weekly 90-min sessions.

In the treatment groups, therapists and mothers read folktales aloud in both English and Spanish. A group discussion followed regarding the character's feelings and behaviors along with the moral of the cuento. Once the target behavior was clear, the mother-child dyad dramatized the story and came up with a solution for the conflict. Reinforcement was provided for adaptive imitative behavior. All of the dramatizations were recorded and were played back to the group for further discussions. The art/play modality was based on a series of recreational tasks and games in which mother-child dyads participated. Activities included puzzles, object assembly, and drawings. Use of puppets and role-plays were also included wherein mother-child dyads acted out common family conflicts and then processed a solution.

All treatment groups showed significant improvement according to the Constantino's Behavior Rating Scale and Trait Anxiety Scale of State-Trait Anxiety Inventory as compared to the control group. The adapted cuento group reported significantly less trait anxiety than the other groups. However, the original cuento group and art/play group reported less anxiety than the control group. Results indicated that cuento therapy significantly reduced children's trait anxiety relative to traditional therapy and to the control group. This trend remained stable over 1 year.

Research done by Constantino et al. (1986) indicated that storytelling of cultural material is an effective modality for using folktales with very young children. The authors explained that because folktales convey a message or moral that others want to imitate, they can be presented therapeutically as models of adaptive emotional and behavioral functioning within the Puerto Rican and American cultures. By presenting characters that are culturally familiar with the same ethnicity to children, the folktales can serve to model beliefs, values, and behaviors which the children can relate to and identify with. This study considered culture and used culturally specific techniques to implement the interventions.

Study Two, Hero/heroine Modeling

A culturally sensitive modality that was based on modeling heroic Puerto Rican biographies was evaluated as a mental health intervention for high-risk Puerto Rican adolescents (Malgady, Rogler, & Constantino, 1990). In this study the authors developed and evaluated a treatment modality (i.e., hero/heroine modeling) which exposed Puerto Rican adolescents to successful adult role models fostering ethnic pride, ethnic identity, self-concept, and adaptive coping behaviors. Hero/heroine intervention was based on a social learning modeling approach to treatment. The rationale was to expose adolescents to role models in their own environment, with whom they could identify by virtue of ethnic and cultural similarity.

Participants in this study included 90 eighth- and ninth-grade Puerto Rican students between the ages of 12 to 15, who had been screened for behavior problems

using the Conner Teacher Rating Scale. Students were randomly assigned to an intervention and control group. Eighteen 90-min intervention sessions were conducted in small groups of 3-5 students on a weekly basis. The introductory intervention session presented an overview of the history of Puerto Rico and some of its famous people. Female and male biographies were presented alternately. Researchers focused the adolescents' attention on the similarity of their own stressful experiences to the models' experiences and then on how the models coped adaptively with stress. Adolescents' behaviors that were consistent with the models' behaviors were reinforced through discussion and imitative role-playing.

The intervention was conceived as preventative rather than actively therapeutic because although the adolescents were defined as a high-risk population and were already experiencing behavior problems in school, they did not meet the criteria in the DSM-IV to be clinically diagnosed with a mental disorder. Pretests and posttests measured the participants' ethnic identity, self-concept, trait anxiety, and symptom distress. Results of the study support the effectiveness of the culturally sensitive modality as a preventative mental health intervention for high-risk Puerto Rican adolescents, especially from single-parent families. Malgady et al. (1990) argued that the hero/heroine modeling intervention served as a therapeutic vehicle not only to bridge a cultural gap experienced by adolescents, but also to supply their need of adaptive role modeling.

Study Three, Storytelling and Picture Therapy

Constantino, Malgady, and Rogler (1994) designed a study in an attempt to pursue culturally sensitive treatment outcome research that they had previously engaged in with the *Cuento* and *Hero/Heroine* studies. The authors made efforts to include new directions in the following study; which examined treatment effects with Hispanic children and adolescents using a culturally sensitive storytelling technique. First, the participants were screened for symptomatology with the DSM-III-R. Second, the present study included 9- to 13-year-olds, an age range not addressed in the previous studies. Third, this study presented pictures instead of written and verbal modeling stimuli. Fourth, this study included diverse Hispanic backgrounds, whereas the previous studies concentrated on Puerto Ricans.

A total of 90 inner-city participants from the ages of 9 to 13 years were screened for symptomatology with the Child Assessment Schedule. As in the *Hero/Heroine* study, none of the students met the diagnostic criteria of the selected DSM-III-R disorders met by the CAS. The most common prevalent categories of symptomatology, however, were associated with anxiety, conduct, and phobic disorders. Participants were randomly assigned to either the experimental group or an attention-control group. Groups were then broken down randomly into six subgroups of seven to eight participants each.

The experimental intervention consisted of a storytelling modality based on pictorial stimuli depicting Hispanic cultural elements (e.g., traditional foods, games, sex roles) and Hispanic families and neighborhoods in urban settings. The stimuli

were pictures from the Tell-Me-A-Story (TEMAS) apperception test portraying multiracial Hispanic characters interacting in a variety of urban, familial, and school settings. According to the authors, research on the TEMAS indicated that Hispanic children and adolescents easily identified the characters and the families in the pictures as Hispanic and the settings as representative of their neighborhoods. This inspires the children and adolescents to tell longer stories about the TEMAS pictures than about other stimuli with less cultural emphasis.

Therapy sessions were divided into three phases. The goal of the first phase was for the group members to develop a composite story in response to the pre-selected TEMAS picture. In the second phase, group members were motivated to share their personal experiences in relation to the composite story. During the third phase, participants dramatized the composite story by performing roles of the characters in the original picture and the characters that had been constructed by the group. Conversely, the adaptive-control group engaged in discussions about psychoeducational content. Children's videos (i.e., *The Adventures of Tom Sawyer*, *Pinocchio*, *The Black Stallion*, and *Star Wars*) were shown in alternate weeks and the students were instructed to draw and discuss what they had seen. The goal was to encourage the participants to pay attention and then to determine if such stimuli that were not culture-oriented would maintain their interest and attention.

The intervention and the attention-control group were pretested before the first session and posttested after the eighth session with a battery of outcome measures. Experimental group showed favorable differences when compared to the adaptive-

control group. Results of the study speak to the effectiveness of using culturally sensitive modalities to treat Hispanic youths' conduct problems in school, and their anxious and fearful symptoms. All three studies conducted by the same authors (i.e., Constantino, Malgady, Rogler) took culture into account and developed interventions that were culturally specific.

Study Four, Child-Centered Group Play Therapy

The idea of the study conducted by Trostle (1988) was to elicit greater social acceptance in young bilingual Puerto Rican children and to increase their self-control and fantasy expression levels. Specifically, the study was designed to determine whether children who participated in child-centered group play therapy would be rated by their teachers as more self-controlled, would display a greater number of higher level play behaviors and verbalizations, and finally, to see if levels of social acceptance would increase.

Participants in the study were 48 bilingual Puerto Rican three- to six-year-old children. They were assigned to an experimental and a control group by random selection and assignment of equal numbers of boys and girls. The 24 children assigned to the experimental groups were equally divided among six play groups so that each play group contained two boys and two girls. Treatment group members participated in group play therapy for 40 minutes once a week for 10 weeks. Therapists in the treatment groups used five behavioral strategies that are representative of the child-centered play therapy approach: (a) recognition of the

child's feelings and developmental stage, (b) structuring the play environment, (c) reflective responding, (d) limits, and (e) consequences. Control group members participated in unstructured free play once a week for 40 minutes.

Pre- and post- measures were obtained on several scales, in order to assess behavioral changes for the experimental and control group. Measures used in this study included: (a) Peabody Picture Vocabulary Test, (b) Self-Control Rating Scale, (c) Play Observation Scale, and (d) Peer Rating Scale. Trostle (1988) found that after 10 sessions of client-centered group play therapy, bilingual Puerto Rican children showed significant improvement compared to the control group on self-control, and higher developmental level play behaviors of make-believe and reality as measured by the Self-Control Rating Scale and Play Observation Scale. Boys who participated in the experimental group became more acceptant of others than boys or girls in the control group as measured by the Peer Rating Scale. Results of this study suggested that child-centered group play therapy influences Puerto Rican children's socially and personally adaptive behaviors in the school setting. A traditional counseling approach was used in this study and the author does not explain what about the approach showed cultural sensitivity. Additionally, there were no comparisons made to Non-Latino groups.

Study Five, School-Based Child-Centered Play Therapy

The following study was designed to examine the effects of Child-Centered Play Therapy (CCPT) on school-age Hispanic children experiencing behavioral

problems that placed them at risk for academic failure, compared to a curriculum-based small group counseling intervention (Garza & Bratton, 2005).

Thirty Spanish-speaking children from kindergarten through fifth grade were chosen to participate in the study. They were referred for school counseling services for exhibiting internal and external behavior problems. Children in both treatment groups received a 30-minute intervention, once per week for 15 weeks. Treatment providers were bilingual Hispanic counselors with post-master's and training in CCPT. The Behavior Assessment System for Children-Parent Rating Scale (BASC-PRS) and Teacher Rating Scale (BASC-TRS) were used as pre and post measures. Results revealed that, according to parent report, children receiving CCPT showed a statistically significant decrease in externalizing behavior problems, compared to the curriculum-based treatment group. Effect size calculations revealed that CCPT showed a large treatment effect on externalizing behavior problems and a moderate effect on internalizing behavior problems. Again, the authors did not make comparisons to Non-Latino groups.

Study Six, Cognitive-Behavioral and Interpersonal Therapy

Rosello and Bernal (1999) expressed the need to adapt, develop, and test treatment approaches that show empirical soundness with minority populations. In an effort to address their concern, the authors designed a study that tested the efficacy of treatments with depressed Puerto Rican adolescents. The purpose of the following

study was to evaluate the efficacy of cognitive-behavioral and interpersonal psychotherapy by comparing them to each other and to a wait-list control.

A pretreatment assessment was administered for the criteria of major depressive disorder, dysthymia, or both. Participants comprised 71 adolescents ranging in age from 13 to 17 years and who were in school from 5th to 12th grades. They were randomly assigned to experimental groups and to a 12-week wait-list. Treatment conditions consisted of 12 one-hour individual therapy sessions held once a week over a period of 12 weeks. Cognitive-behavioral Therapy (CBT) was based on the cognitive-behavioral model of Munoz and Miranda (as cited in Rosello & Bernal, 1999). The Interpersonal Therapy (IPT) was based on the model developed by Klerman, Weissman, Rounsaville, and Chevron (as cited in Rosello & Bernal). Specific goals of the treatments were to reduce feelings of depression, shorten the periods of depression, and to develop more control over one's life.

The following measures were administered to evaluate the efficacy of the treatment: (a) Children's Depression Inventory, (b) Piers-Harris Children's Self-Concept Scale, (c) Social Adjustment Scale for Children and Adolescents, and (d) Family Emotional Involvement and Criticism Scale. Results of the study indicated that the treatments significantly reduced depressive symptoms when compared with the wait-list control group. This suggested that both IPT and CBT are efficacious treatments for depressed Puerto Rican adolescents. Treatment approaches used in this study showed empirical soundness with a Latino population. Authors failed to

determine and explain how IPT and CBT take culture into consideration which allowed for therapeutic effectiveness.

Study Seven, Structural Family Therapy vs. Psychodynamic Child Therapy

The purpose of the study conducted by Szapocznik et al. (1989) was to compare the effectiveness of structural family therapy, individual psychodynamic child therapy (IPCT), and a control condition to a Latino population. It was also to explore the influence of structural family therapy on psychodynamic ratings of child functioning and, vice versa, the impact of child psychodynamic therapy on structural ratings of family functioning.

Participants of the study included 69 boys aged 6-12 years and their families. Diagnosis were made at the initial assessment and the sample consisted of 32% oppositional defiant disorder, 30% anxiety disorders, 16% conduct disorders, 12% adjustment disorders, and 10% other disorders. The families had lived in the United States for three or more years and both parents were Latino and lived in the home.

Treatments lasted over a 6-month period and were conducted in both English and Spanish. Individual psychodynamic child therapy sessions lasted for 50 minutes and were conducted once a week. Structural family sessions were 60-90 minutes per week. Control group participants met once a week for 60-90 minutes. Structural family therapy was a directive approach that focused on modifying maladaptive patterns on family interactions as described by Minuchin (as cited in Szapocznik et al., 1989). Individual psychodynamic child therapy is a nondirective approach that

focuses on the expression of feeling, limit setting, and insight as a technique for change. The IPCT approach was based off of Adams and Cooper's model (as cited in Szapocznik et al.). Boys in the control group participated in recreational activities such as arts, crafts, and games.

Behavioral, self-reports, psychodynamic, and family measures were administered at pre- and posttreatment and at a 1-year-follow up. Results showed several interesting findings. First, the control group was significantly less successful in retaining participant's involvement than the two treatment groups, suggesting that outcomes measures may be influenced by the characteristics of those who did not complete the study. These measures can potentially distinguish the effectiveness of treatments versus placebo controls. A second finding was that the two treatment groups were equally effective in reducing behavioral and emotional problems as well as improving psychodynamic ratings of child functioning. Third, it was found that structural family therapy maintained healthier family functioning at a 1-year follow up as compared to IPCT. Again, Szapocznik et al. do not explore the influence of culture and its relationship to the effectiveness of the IPCT and structural family therapy interventions.

Study Eight, Reality Therapy

Slowik, Omizo, and Hammett (1984) conducted a study to determine the effects of the reality therapy process and the use of class meetings on Mexican-American adolescents' perceptions of internal/external locus of control orientation and

self-concepts. Participants included 80 Mexican-American male and female students in seventh and eighth grade. Participants were randomly assigned to the experimental and control groups with a total of four classrooms with approximately 15-20 students each. Experimental classrooms were run by teachers who were trained in reality therapy. Those teachers were taught to emphasize a positive and open academic environment to increase the children's chances of developing successful identities. Each meeting lasted about 30-45 minutes. Sessions were designed to supplement the academic program by encouraging the students to think and respond. Therefore, the focus was on thinking, speaking, and listening rather than memory, evaluation, and grading.

Researchers found that applying reality therapy concepts to the meetings in the classroom resulted in an increased interest and satisfaction with the adolescents' experiences in school compared to the control group. Slowik et al. (1984) explained that the students who were involved in planning their learning experiences and who were expected to be responsible for the resolution of social, behavioral, and learning problems within their classrooms and schools would become better learners. A limitation to this study is that the researchers did not explore nor explain why the results were unique to Mexican-American adolescents.

Study Nine, Social-Behavioral, Parent Training and Academic Instruction

The purpose of the following study conducted by Barrera et al. (2002) was to provide support for the efficacy of the Schools and Homes in Partnership (SHIP)

program, a comprehensive intervention to reduce and prevent the further development of conduct problems among children in early elementary school. The SHIP program was developed from research done by Taylor et al. (1999) on social interventions, research done by McNeil et al. (1991), on parent training, and research done by Francis et al. (1996), on academic instruction (as cited in Barrera et al.).

One hundred and sixteen European-American children and 186 Latino children from three communities were selected for aggressiveness or reading difficulties and randomly assigned to an intervention or no-intervention group. Participants ranged from kindergarten through the third grade. Intervention families received parent training (e.g., how to play with your child, effective limit setting, and logical consequences) and their children received social behavior interventions (e.g., alternative problem solving skills, models of appropriate cognitive and social behavior, and reinforcing their use of appropriate behaviors) and reading instruction. Interventions were provided over a two-year period.

The Teacher's Rating Form of the Child Behavior Checklist's Aggression Scale and an intervention combining several previously validated interventions to reduce behavior problems were used at different intervention phases. Barrera et al. reported that results of the study provided some support for the efficacy of a comprehensive intervention to reduce and prevent the further development of conduct problems among children in early elementary school. Interventions also showed to clear effects on the development of the children's reading skills. The authors of this study provided no distinction between the participants' cultural backgrounds or how

the results impacted each cultural group independently. The results suggested that the interventions affected European American children in the same way as the Latino children. What makes this study therapeutically effective for Latino children is lacking in the discussion.

Perspectives on Traditional Therapies

Authors agree that the child-centered play therapy approach works very well with children of diverse cultures (Ramirez, 1998; Landreth, 2001). Ramirez reasoned that the approach allows for the counselor to see the child's point of reference and understand the meaning to the child. In this aspect, the therapist is striving to understand the child's cultural existence and worldview. The intent of child-centered play therapy is to allow children the freedom to be themselves. According to Landreth, that freedom provides the basis for a culturally sensitive relationship, which permits a child to move toward adaptive behaviors.

Family therapy is recommended to be an effective treatment in working with culturally diverse children. Tharp (1991) noted that family therapy brings the child into the process itself and therefore, the child is less likely to be overlooked. Kim (1985) also endorsed structured family therapy as the presumptive treatment for children of Asian American decent. Structured family therapy was also recommended by Inclan (1985) for Puerto Rican and other Hispanic clients. Bernal, Bonilla, and Bellido (1995) agreed with Inclan in that structural family therapy is well suited for Latinos because the values of the approach match the value orientations and

interpersonal styles of the population. However, the authors do not give insight into what those values and styles might be. Juarez (1985) explained that the Latino cultural tradition of power hierarchy in which parents are in charge and in which parents and children have different levels of authority within the family lends itself to a structured family therapy approach. It appears that many authors and theorists have opinions on what therapeutic modalities are effective with minority populations but only a few can back them up.

Summary

Based on the outcome research, techniques and interventions borrowed from the social learning approach, structural family therapy, reality therapy, child-centered play therapy, psychodynamic child therapy, and cognitive/behavior therapy all serve as effective therapeutic modalities with Latino children. Even though the aforementioned approaches proved to be significant, not all approaches proved to be culturally significant. It is unclear how such traditional counseling approaches take the Latino client's culture into account.

One exception may be the child-centered approach. Keep in mind that perhaps child-centered therapy and culturally sensitive therapy may have some commonalities. It may be possible that child-centered play therapy is a culturally sensitive therapeutic approach. Child-centered play therapy is based on the notion that children have the capacity to be self-directing and resilient. The child-centered play therapist accepts the child exactly as he/she is. Perhaps the child-centered play therapist is providing

culturally sensitive therapy and has not identified it as such. Implementing such techniques as reflective responding and validating the child's feelings can be seen as respecting the child's cultural beliefs and attitudes. Accepting the child completely could mean accepting his/her cultural background as well.

Empirical studies supporting the use of culturally sensitive therapeutic interventions with Latino children are limited. It appears that there have not been any publications about Latinos in play therapy since 1992 (Gil, 2005). Three studies that used culturally specific interventions were found in doing a comprehensive literature review. The same authors (i.e., Constantino, Maglady, Rogler) conducted three controlled studies addressing different age groups from childhood to adolescents in order to determine the effectiveness of culturally specific interventions with Latino children. Besides those studies, no other studies exist that have explored the direct relationship between culture and intervention. The need for cultural sensitivity is clearly called upon in order to provide effective, therapeutic interventions to culturally diverse populations. It is stated in the literature that in order for counselors to show multicultural competence and for counseling to be effective therapy must be done within the clients' cultural context. The findings of this comprehensive review indicate that minimal evidence exists on how therapists are considering the Latino child's culture when devising specific techniques. More specifically, the literature does not provide empirically sound play therapy techniques that work with Latino children. Besides the studies mentioned here, no other studies were found that look at how play therapists are behaving as culturally sensitive and competent professionals.

CHAPTER 3

METHOD

This chapter is organized into the following five sections. First, the design is explained. Second, the procedure and interview process used to conduct the study are presented. Third, methods for choosing participants and participant criteria are addressed. Fourth, procedures for collecting and analyzing the data are discussed. Last, the research questions are put forward.

Design

In order to, first, determine whether or not play therapists are displaying cultural sensitivity in their practice with Latino children, and second, to identify such culturally sensitive techniques based on their perceptions, a qualitative phenomenological design was selected. This type of design was chosen because the researcher was interested in searching for the meaning embedded in the play therapist's experiences. Also, first person accounts were used as the main source of data. According to Moustakas (1994) phenomenological design is a form of interpretation that allows us to pursue the meanings that we hold, therefore making it an appropriate design for this research study. This design includes both interpretive and descriptive data. Interpretive data (qualitative descriptions) provided context and

then described the circumstances and the meanings of the participant's reactions. Two data-collecting methods were used. First, the survey utilized was open-ended, which allowed for practitioners to narrate about their experiences or beliefs on this subject matter. Interviewing was also used as a tool to gather qualitative data. Descriptive data (quantitative descriptions) usually depicted demographic data. This method allowed the researcher to determine if there was a relationship between demographics (i.e., age, gender, years of experience, years of multicultural experience, and percentage of Latino clientele) and the applications of cultural sensitivity (Cherry, 2000). The interviews were audio-taped. The data was coded and separated into meaningful categories. The presence or absence of relationship between therapist and the display of cultural sensitivity emerged.

Procedure

The Association for Play Therapy provided a list of names, emails, and home addresses of the members. Members on this list were sent materials either through email or US mail. A recruitment letter (Appendix A) explaining the purpose of the study and instructions for completion of the demographic form along with the survey (Appendix B) was emailed or sent via mail to the participants. The survey took approximately 5-10 minutes to complete and it was kept confidential. A reminder email (Appendix C) was sent out two weeks later to those who had not responded. A period of four weeks was given to complete and return the materials. Participants who met the following criteria were chosen and interviewed for participation in the study:

(a) completed all questions on form, (b) had at least 40% Latino children clientele, (c) identified themselves as using culturally specific techniques, (d) worked with a broad range of issues and, (e) were either a Registered Play Therapist (RPT) or Registered Play Therapist Supervisor (RPTS). Participants who were willing to discuss detailed suggestions and strategies for working with culturally diverse clients, and who met all of the screening criteria, were recruited for a telephone interview (Appendix D).

Participants were contacted by telephone or email to set up a time to conduct the interview. Participants were given at least a one-week notice for the time of the interview. Interviews were administered over the telephone. Interviews lasted approximately 30 minutes. A brief summary of the study's results outlining the identified effective strategies were provided to the participants who agreed to participate. All demographics were kept confidential. The following strategies were used to maintain confidentiality. First, all data was reported as a group. Second, no identification was published that could lead to the identity of a subject. Records of names and contact information were kept separate from data. The data were identified by number only. The tapes were also identified by numbers and kept in a locked filing cabinet.

Participants

The participants included approximately 1136 Registered Play Therapists and Registered Play Therapist Supervisors that resided in the United States. Participants were identified from the 2006 Association for Play Therapy Membership Directory.

To become a RPT or RPTS, one must have fulfilled the following criteria as outlined by the Association for Play Therapy: (a) RPT/S applicants must hold current or active mental health licenses or certifications for clinical practice, (b) RPT/S must have earned a master's degree from an institution of higher education and completed APT-designated core graduate work, (c) RPT applicants must have completed at least 2 years and 2,000 hours of supervised clinical experience, (d) RPTS applicants must have completed an additional 3 years and 3,000 hours of clinical experience which need not be supervised and must be at least 5 years postmaster's mental health degree, (e) RPT/S must have completed at least 150 hours of play therapy specific instruction from an institution of higher education or APT-approved providers of continuing education, (f) RPT/S applicants must have completed at least 500 hours of supervised play therapy experiences that included at least 50 hours of play therapy supervision, (g) RPT/S applicants must have completed an additional 500 hours of play therapy experience which need not be supervised, and h) RPTS applicants must have completed at least 4 hours of supervised training that is not included in the 150 hours of play therapy training. The application fee for APT members is \$75 for RPT and \$150 for RPTS. Fees for non-APT members are \$125 for RPT and \$200 for RPTS.

Survey/Interview Questions

The survey data was administered, collected, and analyzed with Survey Monkey. Survey Monkey is an internet-based software program designed for this very purpose. The following demographic data were gathered. Participants were asked to

indicate their age, gender, and to what ethnic group they ascribe. After doing so, the participants were asked to document their highest degree earned, as well as years of experience in counseling and play therapy. Additionally, the participants were requested to document the percentage of their clientele by their ethnicities. The survey also posed two open-ended questions. These questions asked the participants to specify and prioritize five different types of issues that clients present within therapy; as well as describe how they display cultural sensitivity within a therapeutic setting.

Those who met criteria for phone interviews were asked to answer questions regarding their practice, knowledge, development, and biases of multiculturalism. Their practice was assessed by having the participants elaborate on significant Latino children's issues they take into consideration, as well as effective strategies that they have utilized with this population. The participants' knowledge was tapped by asking them to distinguish sensitive differences between Latino children versus other minority groups. Furthermore, the participants' development was determined by determining the number of years they have worked with Latino children and the types of training they have had in multicultural counseling. Last, the participants were asked to provide insight into their potential biases.

Data Analysis

After transcribing the interviews, the data was analyzed using coding and contextualizing strategies (Maxwell, 1996). Coding fractured and rearranged the data into categories so that comparisons were made within and between the data.

Contextualizing strategies were used to help understand the data and to make connections between statements and events within a context. Specific themes were identified as the highlights of topics that emerged from the data. Analysis was completed by the researcher.

Themes will be connected to the research questions and descriptive data. Overall conclusions based on these relationships will be used in an attempt to answer research questions outlined below.

Research Questions

Three research questions guided this study.

1. Which specific play therapy interventions do therapists identify as effective with Latino children?
 - (a) How are these techniques different from those used with other cultural groups?
2. How do play therapists show that they are culturally competent with Latino children?
 - (a) What cultural issues are important in counseling Latino children?
3. How are these strategies representative of multicultural competencies?
 - (a) How does training affect play therapists regarding multicultural sensitivity?
 - (b) How does training influence the development of an identified technique?

CHAPTER 4

RESULTS

Introduction

This chapter is organized into the following three sections. First, frequencies are documented that represent the entire sample population. Second, frequencies for those participants who met criteria for interviews are documented. Third, thematic summaries of the interview samples' responses are presented.

Demographics of Sample Population

A survey was utilized to gather data in the first phase of the study. There were two survey schedules – the initial survey and a reminder survey. The initial survey was sent on December 27, 2006 to 1,135 registered RPT or RPTS. This first survey yielded 165 responses. The reminder survey was sent on January 10, 2007 and 168 individuals responded. There were a total of 333 participants who responded to this study and the results of these findings are indicated in the following tables.

Table 1 summarizes the frequency for the sample population's ages. This question resulted in 333 responses and no omissions. The largest age groups were those in the range of 51 to 55 years old (21%; 70 responses). The next largest age

group was those participants who were between 56 to 60 years old (15.9%; 53 responses). Preceding this group were individuals between the ages of 36 to 40 years old (13.2%, 44 responses). Following this group were individuals who indicated that they were older than 60 years old (11.7%; 39 responses). Individuals who ranged from the ages of 31 to 35 years old (11.4%; 38 responses) came next. Last, the least amount of individuals fell below the age of 30 years old (6.3%; 21 responses).

Table 1

Frequency Distributions for Sample Population's Age (N = 333)

Age	n	%
< 30	21	6.3%
31-35	38	11.4%
36-40	44	13.2%
41-45	34	10.2%
46-50	34	10.2%
51-55	70	21%
56-60	53	15.9%
>60	39	11.7%

Table 2 summarizes the frequency of the sample population's gender. This question resulted in 333 responses and no omissions. The majority of the individuals who responded to the survey were female (90.7%; 302 responses). Male respondents only accounted for 9.3% (31 responses) of the survey.

Table 2

Frequency Distributions for Sample Population's Gender (N = 333)

Gender	n	%
Male	31	9.3%
Female	302	90.7%

Table 3 summarizes the frequency for the sample population's highest earned degree. This question resulted in 333 responses and no omissions. The majority of the individuals indicated that their highest degree earned was a master's degree in the respective field, accounting for 75.1% (250 responses) of the survey. Preceding this group were individuals who earned their doctorate (21%; 70 responses). Twenty-one percent of the participants reported that their doctorate degree was the highest degree earned and this percentage does not reflect their earned master's degree. Last, 3.9% (13 responses) of the population have indicated "other" as their degree earned. Those who indicated having earned an "other" degree referred to earning a master's or a doctorate as well as other certifications (e.g., Sexual Assault Counselor and Advocate).

Table 4 summarizes the frequency distribution of years when the sample population earned their highest degree. This question resulted in 308 responses. There were 25 individuals who either skipped this question or responded incorrectly. A majority of these individuals documented the type of degree earned (e.g., master's in counseling). Nevertheless, the majority of those who responded indicated that they earned their highest degree between the years of 1991-1995 (27.3%; 84 responses).

Table 3

Frequency Distributions for Sample Population's Highest Earned Degree (N = 333)

Degree	n	%
Doctorate	70	21%
Masters	250	75.1%
Bachelors	0	0%
Other	13	3.9%

Table 4

Frequency Distribution for Years Earned Highest Degree (N = 308)

Years	n	%
1961-1965	1	0.3%
1966-1970	2	0.6%
1971-1975	13	4.2%
1976-1980	22	7.1%
1981-1985	22	7.1%
1986-1990	34	11%
1991-1995	84	27.3%
1996-2000	63	20.5%
2001-2005	67	21.7%

Those who earned their highest degree between 2001-2005 represented 21.7% (67 responses) of the survey. The following ranges are indicated from the most responses to least: 1996-2000 (20.5%; 63 responses), 1986-1990 (11%; 34 responses), 1981-1985 (7.1%; 22 responses), 1976-1980 (7.1%; 22 responses), 1971-1975 (4.2%; 13 responses), 1966-1970 (0.6%; 2 responses), and 1961-1965 (0.3%; 1 response).

Table 5 summarizes the frequency distribution for the sample population's racial/ethnic background. All 333 of the subjects indicated their racial/ethnic background. The majority of the participants were Caucasian/European (88.6%; 295

responses). Following the group were Latino/Hispanic participants (5.1%; 17 responses). The next group were individuals who ascribed to some “other” (3.3%; 11 responses) racial/ethnic background which was not mentioned above. Five participants indicated that they were African-American/Black, which accounted for 1.5% of the population. Additionally, four individuals considered themselves Asian-American (1.2%).

Table 5

Frequency Distributions for Sample Population’s Racial/Ethnic Background (N = 333)

Racial/Ethnic Background	n	%
African-American/Black	5	1.5%
Asian-American	4	1.2%
Caucasian/European	295	88.6%
Latino/Hispanic	17	5.1%
Native American	1	0.3%
Other	11	3.3%

Table 6 summarizes the frequency distribution of the sample population’s years of counseling experience. This question resulted in 333 responses and no omissions. The largest portion of the group (33.3%; 111 responses) have indicated that they have 6-10 years of counseling experience. Twenty-one percent (70 responses) of the population indicate that they have 11-15 years of experience in counseling. The following years of experience indicate the percentage of the population, as well as response count from high to low: 16-20 years (18.3%; 61 responses), 1-5 years (7.5%; 25 responses), 21-25 years (6.6%, 22 responses), 26-30

years (6.3%; 21 responses), 31-35 years (4.8%; 16 responses), and 35-40 years (2.1%; 7 responses).

Table 6

Frequency Distributions for Years of Counseling Experience (N = 333)

Years of Experience	n	%
1- 5	25	7.5%
6-10	111	33.3%
11-15	70	21%
16-20	61	18.3%
21-25	22	6.6%
26-30	21	6.3%
31-35	16	4.8%
35-40	7	2.1%

Table 7 summarizes the frequency distribution of the sample population's years of play therapy experience. All individuals who responded to this survey answered this question. The largest group fell in the range of 6-10 years (37.5%; 125 responses). They were followed by those who have had 11-15 years (21.6%; 72 responses) of play therapy experience. The following groups are listed from most to least years of experience: 1-5 years (18.6%; 62 responses), 16-20 years (11.1%; 37 responses), 21-25 years (6%; responses), 26-30 years (3.6%; 12 responses), 35-40 years (1.2%; 4 responses), and 31-35 years (0.3%, 1 response).

Table 8 summarizes the frequency distribution of the sample population who are registered as Registered Play Therapists (RPT) versus Registered Play Therapist Supervisors (RPTS). This question resulted in 333 responses and no omissions. The

majority of the sample population was registered as RPTS, as they represented 55.6% (185 responses) of the sample. RPTs made up for the remaining percentage (44.4%; 148 responses).

Table 7

Frequency Distributions for Years of Play Therapy Experience (N = 333)

Years of Experience	n	%
1-5	62	18.6%
6-10	125	37.5%
11-15	72	21.6%
16-20	37	11.1%
21-25	20	6%
26-30	12	3.6%
31-35	1	0.3%
35-40	4	1.2%

Table 8

Frequency Distribution for RPT versus RPTS (N = 333)

RPT/RPTS	n	%
RPT	148	44.4%
RPTS	185	55.6%

Client Information

To gain better insight into the breakdown of racial/ethnic clientele as seen by our respondents, they were asked to document their clients' racial/ethnic background. The top row in Table 9 lists the various racial/ethnic backgrounds of the clients. The far left column indicates the percentage of that racial/ethnic group, as seen by the sample population.

Table 9 summarizes the percentage of racial/ethnic clientele as seen by the sample population. The sample population was asked to indicate what racial/ethnic group and the percentage that make up their clientele base. Two hundred and ninety-three participants responded to this question, whereas 40 participants skipped this question. The upper row indicates clientele racial/ethnic background. The far left column represents percentile breakdown in increments of 10. Caucasian/European-American individuals make up the majority of the clientele as indicated by the participants (31-40%; 41-50%; 51-60%, 61-70%, 71-80, 81-90%, and 91-100%). African-American clientele make up the minority as reported by the participants (0-10%; 11-20%, 21-30%). Based on the numbers detailed above, Latino/Hispanic-Americans make up 0-40% of the general sample's clientele. Approximately 102 members of the sample populations' clientele are composed of 0-10% Latino/Hispanic-Americans.

Table 10 summarizes the top five commonly observed pathologies in clients seeking treatment from the sample population. A total of 284 participants responded and 49 participants did not respond. The top five reasons why clients seek treatment from the participants are listed above. The sample population was asked to rank their client's issues for this open-ended question. Client issues were determined by conducting a frequency count of the issues as reported by the sample population. According to the results, trauma is the number one reason why children seek treatment – this includes children who were exposed to sexual abuse, physical abuse, and loss (e.g., family divorce). The second most pertinent issue is mood disturbances.

Table 9

Frequency Distribution for Percentage of Racial/Ethnic Clientele as Seen by Sample Population (N = 293)

% of R/ E clients	African American/ Black	Asian American	Native American	Caucasian/ European- American	Latino Hispanic- American	Multi- racial
0-10%	48% (141)	41% (120)	45% (112)	8% (22)	35% (102)	45% (133)
11-20%	14% (40)	3% (10)	3% (9)	4% (12)	13% (38)	12% (34)
21-30%	9% (25)	0.3% (1)	0% (0)	6% (19)	8% (24)	5% (16)
31-40%	7% (21)	0% (0)	0.3% (1)	10% (28)	6% (19)	2% (6)
41-50%	3% (9)	0% (0)	0.3% (1)	0% (30)	3% (10)	0.3% (1)
51-60%	2% (5)	0% (0)	0% (0)	9% (26)	2% (6)	0.3% (1)
61-70%	2% (6)	0% (0)	0% (0)	9% (27)	1% (4)	0.3% (1)
71-80%	1% (4)	0.3% (1)	0% (0)	17% (49)	3% (8)	0.3% (1)
80-90%	1% (3)	0% (0)	0% (0)	15% (43)	0.3% (1)	0.6% (2)
90-100%	0.3% (1)	0% (0)	0.3% (1)	10% (28)	1% (4)	0% (0)

Table 10

Rank Order of Client Pathology seen by Respondents (N = 284)

Rank Order	Issues encountered by participants
1	Trauma (i.e., sexual abuse, physical abuse, and loss)
2	Mood Disturbance (i.e., anxiety, depression, and aggression)
3	School-related problems (i.e., ADHD and behavioral difficulties)
4	Adjustment Difficulties (i.e., adjusting to school and divorce)
5	Family Dysfunction

The sample population has treated various mood-related difficulties including anxiety, depression, and/or aggression. Third, children have been referred to the aforementioned sample population for school-related difficulties. School-related problems include those that result from Attention Deficit/Hyperactivity Disorder and behavioral problems (e.g., attention seeking and disruptive behaviors). The fourth client issue is adjustment difficulties relating to school and/or divorce. Last, family dysfunction was rated the number five reason why children seek treatment from the sample population.

Table 11 summarizes the top five methods or strategies that the sample population utilizes to take the clients' cultural context into account. This question yielded 278 responses and 55 omissions. An open-ended format was used for gathering information for this particular question. The number one strategy for displaying cultural sensitivity is through reviewing the client's cultural and family background. This strategy is carried out mostly with the use of a family genogram. The second method to display sensitivity is by assessing the client's degree of acculturation, as well as the acculturation level of their immediate family and extended family. The third method includes multicultural play materials in order to achieve cultural sensitivity. These play materials include cultural-sensitive dolls, figurines, clothes, and foods. Fourth, participants indicated that they display mindfulness and a basic sense of awareness of the client's cultural background and history when providing treatment. Last, participants have been displaying cultural sensitivity by

including the client's family (immediate and extended) in treatment. This includes family participation in treatment as well as decision making.

Table 11

Rank Order of Top Cultural Sensitive Techniques (N = 278)

Rank Order	Cultural sensitive techniques
1	Review cultural/family background (genogram)
2	Assess degree of acculturation
3	Multi-cultural play materials
4	Exercise mindfulness and awareness
5	Include immediate and extended family in treatment

Summary of Sample Population

A total of 333 subjects participated in the first phase of the study. Based on the demographic information provided above, the sample population consisted of the following information. All of the sample population ranged in the ages of 30 to 60 years old. Approximately 90.7% of the sample population was female and 75.1% of the sample population had earned a master's degree as the highest degree in the respective field from 1963 through 2003. Roughly 88.6% of the participants were of Caucasian/European descent. They averaged 6-10 years of counseling experience and 6-10 years of Play Therapy experience. Last, there were slightly more registered play therapist supervisors versus registered play therapists. The sample population's clientele are predominately composed of Caucasian/ European-American children.

Based on the results, Latino/Hispanic-Americans make up 0-40% of the sample population's clientele. Approximately 102 members of the sample populations' clientele are composed of 0-10% Latino/Hispanic-Americans. The least commonly seen ethnic/racial group consisted of African-American children. Furthermore, trauma (i.e., sexual abuse, physical abuse, and loss) is the most commonly seen pathology in treatment as seen by the general population. The second most relevant pathology is due to some various types of mood disturbances (i.e., anxiety, depression, and/or aggression). This was followed by school-related difficulties that include ADHD and behavioral problems. The fourth client issue is adjustment difficulties relating to school and/or divorce. Family dysfunction was ranked as the fifth top commonly seen pathology as seen by the sample population.

Demographics of Interview Sample

In the second phase of this study, participants were selected as they met interview criteria. The criteria are as follows: they must have (a) completed all questions on the form, (b) had at least 40% Latino children clientele, (c) identified themselves as using culturally specific techniques, (d) worked with a broad range of issues, and (e) were either RPT or RPTS. According to the criteria, 15 participants were eligible to participate in the second phase of the study. Only 12 out of the 15 participants were capable of completing this phase. The remaining three participants were unreachable. Demographic information was compiled and is reported below.

Table 12 summarizes the frequency distribution for age, and the findings represent the entire interview sample. As detailed, these findings represent the interview sample in the second phase of this study. There were a total of 12 participants and all 12 participants indicated their age. Five participants were in the age range 51-55 and they represented 41.7% of the interview sample. Two participants were older than 60 years old, two participants fell in between the ranges of 56 to 60 years old, and two were in the range of 36 to 40 years old. Each age group represented 16.6% of the interview sample. Lastly, one participant was younger than 30 years old; this individual represented 8.8% of the sample.

Table 12

Frequency Distribution for Interview Sample's Age (N = 12)

Age	n	%
< 30	1	8.3%
36-40	2	16.6%
51-55	5	41.7%
56-60	2	16.6%
>60	2	16.6%

Table 13 summarizes the frequency distribution of the interview sample's gender. All twelve participants responded to this interview question. Ten of the participants were of the female gender and they represented 83.3% of the population. The remaining two participants were male and they represented 16.7% of the interview sample.

Table 13

Frequency Distribution for Interview Sample's Gender (N = 12)

Gender	n	%
Male	2	16.7%
Female	10	83.3%

Table 14 summarizes the frequency distribution of the interview sample's highest earned degree. All of the participants responded to this particular question. Eight of the participants (66.7%) have earned a master's degree as their highest degree in the respective field. Two participants (16.6%) have earned their doctorate degree in the field. This percentage (16.6%) does not reflect the earned master's degree. Last, two participants (16.6%) indicated their highest degrees as "other." Further analysis concluded that one of those two participants is a doctoral student, whereas the other student indicated that she is a "specialist in education."

Table 14

Frequency Distribution for Interview Sample's Highest Earned Degree (N = 12)

Degree	n	%
Doctorate	2	16.6%
Masters	8	66.7%
Bachelors	0	0%
Other	2	16.6%

Table 15 summarizes the frequency distribution of years when the interview sample earned their highest degree. All of the participants indicated in what year they earned their highest degree. The findings were as follows: four of the participants (33.3%) indicated that they earned their degree between 1996-2000, three participants (25%) earned their degree between 1981-1985, two participants (16.6%) earned their degree between 1976-1980, an additional two participants (16.6%) earned their degree between 2001 to the present, and finally, one participant (8.3%) indicated that they have earned their highest degree in the range of 1991-1995.

Table 15

Frequency Distribution for Years Earned Highest Degree (N = 12)

<u>Years</u>	<u>n</u>	<u>%</u>
1976-1980	2	16.6%
1981-1985	3	25%
1991-1995	1	8.3%
1996-2000	4	33.3%
2001-Present	2	16.6%

Table 16 summarizes the frequency distribution for the interview sample's racial/ethnic background. All of the participants in this phase of the study indicated their own racial/ethnic background. A total of nine participants believe themselves to be of Caucasian/European descent; these nine participants comprise 75% of the population. The remaining three participants consider themselves to be of Latino/Hispanic decent; this group represents the remaining 25% of the population.

Table 16

Frequency Distribution for Interview Sample's Racial/Ethnic Background (N = 12)

<u>Racial/Ethnic Background</u>	<u>n</u>	<u>%</u>
Caucasian/European	9	75%
Latino/Hispanic	3	25%

Table 17 summarizes the frequency distribution of the interview sample's years of counseling experience. All twelve participants indicated how many years of counseling experience they have accumulated. The findings were as follows: four participants (33.3%) have practiced for 6-10 years, two participants (16.6%) have practiced for 21-25 years, an additional two participants (16.6%) have practiced for 26-30 years, one participant (8.3%) has been practicing for 1-5 years, one participant (8.3%) has been practicing for 11-15 years, one participant (8.3%) has been practicing counseling for 16-20 years, and one last participant (8.3%) has been in counseling for 35-40 years.

Table 17

Frequency Distribution for Years of Counseling Experience (N = 12)

<u>Years of Experience</u>	<u>n</u>	<u>%</u>
1- 5	1	8.3%
6-10	4	33.3%
11-15	1	8.3%
16-20	1	8.3%
21-25	2	16.6%
26-30	2	16.6%
31-35	0	0%
35-40	1	8.3%

Table 18 summarizes the frequency distribution of the interview sample's years of play therapy experience. All twelve participants indicated how many years of play therapy experience they have accrued. The findings were as follows: six participants (50%) have 6-10 years of play therapy experience, two participants (16.6%) have 11-15 years of play therapy experience, an additional two participants (16.6%) have 21-25 years of experience, one participant (8.3%) has had 1-5 years of experience, and one participant (8.3%) has 16-20 years of play therapy experience.

Table 18

Frequency Distribution for Years of Play Therapy Experience (N = 12)

Years of Experience	n	%
1- 5	1	8.3%
6-10	6	50%
11-15	2	16.6%
16-20	1	8.3%
21-25	2	16.6%

Table 19 summarizes the frequency distribution of the interview sample who is a RPT versus RPTS. This question was completed by all twelve of the participants. Seven of the participants were registered as RPT and they represented 58.3% of the population. The remaining five participants were registered as RPTS members and they represented 41.7% of the sample.

Table 19

Frequency Distribution for RPT versus RPTS (N = 12)

<u>RPT/RPTS</u>	<u>n</u>	<u>%</u>
RPT	7	58.3%
RPTS	5	41.7%

Client Information

Table 20 summarizes the percentage of racial/ethnic clientele as seen by the interview sample. The interview sample was asked to indicate what racial/ethnic group and percentages represent their clientele base. All of the individuals who participated in the second phase of this study completed this question. The figures indicated above are indicative of the sample selected for the interview sample. The following percentages should be noted: eight of the participants indicated that their clientele consisted of 0-10% African-American/Black clients, eleven participants reported that their clientele consisted of 0-30% Caucasian/European-American clients, four participants reported that 41-50% of their clientele are Latino/Hispanic-American, three participants specified that 51-60% of their clientele are Latino/Hispanic-American, two participants indicated that 61-70% of their clientele are Latino/Hispanic-American, three participants reported that 71-80% of their clientele are Latino/Hispanic-American, and six participants indicated that 0-10% of their clientele was composed of multiracial individuals.

Table 20

Frequency Distribution for Percentage of Racial/Ethnic Clientele as Seen by Interview Sample (N = 12)

% of R/ E clients	African American/ Black	Asian American	Native American	Caucasian/ European- American	Latino Hispanic- American	Multi- racial
0-10%	67%(8)	33%(4)	33%(4)	25%(3)	0%(0)	50%(6)
11-20%	8%(1)	0%(0)	0%(0)	25%(3)	0%(0)	8%(1)
21-30%	8%(1)	0%(0)	0%(0)	42%(5)	0%(0)	0%(0)
31-40%	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)
41-50%	0%(0)	0%(0)	0%(0)	8%(1)	33%(4)	0%(0)
51-60%	0%(0)	0%(0)	0%(0)	0%(0)	25%(3)	0%(0)
61-70%	0%(0)	0%(0)	0%(0)	0%(0)	17%(2)	0%(0)
71-80%	0%(0)	0%(0)	0%(0)	0%(0)	25%(3)	0%(0)
80-90%	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)
90-100%	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)	0%(0)

Table 21 summarizes the top five commonly observed pathologies in clients seeking treatment from the interview sample. All twelve subjects responded to this particular question. The number one client pathology that yielded significance was trauma. This issue included sexual abuse, physical abuse, and neglect from a primary caretaker. The second most pertinent issue was school-related problems resulting from behavioral difficulties (e.g., disruptive behaviors). The third most notable issues were mood-related disturbances that included anxiety, depression, and aggression. The fourth client issue reported was difficulties with attaining trust versus mistrust. The children seeking treatment were having difficulties achieving trust with their primary caretaker. Last, family dysfunction and poverty (low socio-economic status)

were both rated as the number five reason why children seek treatment from the interview sample.

Table 21

Rank Order of Client Pathology seen by Interview Sample (N = 12)

Rank Order	Issues encountered by participants
1	Trauma (i.e., sexual abuse, physical abuse, and neglect)
2	School-related problems (i.e., Behavioral difficulties)
3	Mood disturbance (i.e., Anxiety, Depression, and Aggression)
4	Issues relating to trust versus mistrust
5	Family dysfunction and poverty (low SES)

Table 22 summarizes the top five methods or strategies that the interview sample utilizes to take the client's cultural context into account. All twelve interviewees responded to this question. The number one strategy for displaying cultural sensitivity is by communicating with the client in his/her primary language (e.g., Spanish). The second method to display sensitivity is by ascertaining the parent's teaching/disciplinary methods. This method allows the clinician to conceptualize the case based off the family dynamics. The third method includes observing the client while he/she is in play therapy. The fourth strategy for displaying sensitivity is by assessing the client's degree of acculturation, as well as the immediate family and extended family degree of acculturation. Last, the interview sample has been displaying cultural sensitivity by providing multi-cultural play materials.

Table 22

Rank Order of Top Cultural Sensitive Techniques (N = 278)

Rank Order	Cultural Sensitive Techniques
1	Communicate with client in primary language (e.g., Spanish)
2	Ascertain parent's teaching/disciplinary methods
3	Observe client while in play
4	Assess degree of acculturation
5	Multi-cultural play materials

Summary of Interview Participants

There were a total of 12 interview participants that were eligible for the second phase of this study. Based off the demographic information provided above, the sample consisted of the following. Geographically, 75% of the sample were located in Texas, 15% were located in California, and 10% were located in the Midwest area. All of the participants were older than 25 years old and 83% of them were of the female gender. Approximately 75% of the sample were Caucasian/ European and held a master's degree in the respective field. They averaged 20 years of counseling experience and 13 years of play therapy experience. Last, there were slightly more registered play therapists versus registered play therapist supervisors.

A Comparison between the Sample Population and Interview Sample

In sum, the sample population included 333 subjects and all were in between the 30 to 60 years old. Approximately 90.7% of the participants were female and 75.1% of the total population earned a master's degree. Roughly 88.6% of the participants were of Caucasian/European descent. They averaged 6-10 years of counseling experience and 6-10 years of play therapy experience. The interview sample consisted of 12 participants that and their ages ranged from 26 to 62 years old. Around 83% of the interview sample was female and 75% of the interview sample was Caucasian/European and held a master's degree. This sample averaged 20 years of counseling experience and 13 years of play therapy experience.

Typical issues encountered by the sample population in therapy included trauma, mood disturbances, school-related problems, adjustment difficulties, and family dysfunctions. Issues encountered by the interview sample consisted of trauma, school-related difficulties, mood disturbances, issues relating to trust versus mistrust, and family dysfunction relating to poverty. Both of these samples ranked traumas resulting from sexual abuse, physical abuse, and loss as the most commonly seen "issue" in therapy. High on the most commonly seen pathology list by both groups were issues encountered by school-related problems. School-related difficulties include ADHD-related problems as well as behavioral troubles. Another commonality between the two samples indicated that a mood disturbance is another commonly seen "issue." Mood disturbances included anxiety, depression, and aggression. Last, the

two samples reported that family dysfunction stemming from low SES can be another source of pathology.

The top cultural sensitive techniques utilized by the sample population in therapy include reviewing cultural/family background was the use of a genogram, assessing degree of acculturation, incorporating multi-cultural play materials in play, exercising mindfulness and awareness, and including immediate and extended family in treatment. The interview sample documented that they communicate with the child in their primary language (i.e., Spanish), ascertain parent's teaching methods, observe the children in play, assess degree of acculturation, and include multi-cultural play materials in treatment. The sample population deemed using a genogram in understanding the child's family's background as the top culturally sensitive technique, whereas the interview sample deemed communicating with the child in Spanish as the top most culturally sensitive technique. Both samples believed that assessing the child's degree of acculturations and including multi-cultural play materials in play therapy are both important and culturally sensitive techniques.

Themes of Qualitative Data

The themes were developed from the analysis of the interview questions presented in Appendix D. There were a total of nine questions addressing different aspects of the research questions. Although there were twelve different answers for each question, several themes emerged from the responses. Patterns in the data are defined as themes (Shank, 2002). Each question was coded and they are indicated

below. A theme was generated when four or more of the participants' responses shared commonality. Four themes provided enough justification to develop a theme within the content since four or more themes were occurring across questions. Following Table 23 provides the reader with a detailed list of the thematic responses that emerged from the interview questions.

Summary of Themes from Interview Questions

Table 23

Summary of Identified Themes

Interview Questions	Themes
1(a) How do you take the Latino child's cultural background into account when providing play therapy?	1) Familial Roles 2) Cultural Specific Toys 3) Language 4) Focus on Feeling 5) Nondirective Approach
1(b) Describe an effective strategy that you have used with Latino children.	1) Customs 2) Family 3) Cultural Games 4) Child-Centered Approach
1(c) What components make that strategy multiculturally sensitive?	1) Customs 2) Family Significance 3) Cultural Games 4) Nondirective Perspective
2(a) What cultural issues are important in counseling Latino children?	1) Family Dynamics 2) Level of Acculturation
2(b) How are these strategies different from those used with other cultural groups?	1) Cultural Sensitivity
3(a) How many years of experience do you have working with Latino children?	1) 8.4 years (excluding outlier)
3(b) What types of training in multicultural counseling or issues have you had?	1) Exposure to Culture 2) APT Conferences 3) Graduate-Level Courses 4) Seminars

	5) Through own Contributions
	6) Working with Pioneers in the Field
4(a) How do you maintain awareness of your cultural biases?	1) Consultation and Supervision
	2) Exercising Self-Awareness

Table 23 identifies the interview questions and the themes that were associated with each question.

Question 1a

This question asked the participants how they take the Latino child's cultural context into account when providing play therapy. The themes for this particular question are as follows.

Theme One: Familial Roles. Familial roles define the responsibilities and expectations that are placed on each member of the family. In answering question 1a, the participants explored the roles of their Latino clients using many examples. It was ubiquitous among participants that they described the father as being the breadwinner and the mother as the main caretaker of children and the household. Participants explored the expectations within Latino culture in terms of decision making. For example, the father is mainly responsible for the finances but was not seen as making all of the familial decisions alone. They suggested that when it comes to decision-making that involves the children and the home, the mother's opinion was highly regarded. Participants mentioned that the mother was present most often when the children were presented for therapy. The father usually worked or was not available to attend therapy with his family. This example reflects the mother's responsibility for

the child's care. Other participants reported that when a Hispanic family attends therapy, the father typically involves himself in treatment as a passive observer.

Participants also explored Latino family roles extending themselves to responsibilities within sibling expectations. More often than not, the oldest sibling (especially if she is a female) takes on the responsibility of caring for her younger siblings in attempts to help alleviate some of the mother's duties. The oldest daughter was seen as being expected to take care of her father and mother as they age.

Most participants spoke to the importance of understanding how families function as a whole. This included the significance of extended family members as well as roles in the families' sub-systems. It is common that aunts, uncles, cousins, and grandparents live in the home with the child. At the very least, most of the extended family members live within the vicinity of the immediate family.

Participants saw extended family as being very important in that they were seen as working as a team. For instance, they help alleviate one another from financial stress and caretaking restrictions. Financial stress was alleviated by sharing rent, living expenses, food, and transportation. Caretaking restrictions were alleviated by providing the family with babysitting aid and taking the children to school.

Participants agreed that at one time or another an aunt, cousin, or grandparent either accompanied the child to therapy or was involved in the session. Eight participants made reference to the importance of family dynamics. However, two subjects further elaborated on the significance. For example, Respondent one said,

When asked to draw a picture of the family, children typically include the extended family in the drawings. Different subsystems in the family are also important to consider. For example, if a mother has seven children, the oldest daughter acts like a mother when the mother is not around.

Respondent three said,

I take into consideration that a lot of children live with extended family members. They often live with their parents but extended family also lives in the household. I realize the importance of providing plenty of space to accommodate the entire family.

When taking the Latino child's cultural context into account when providing play therapy, most participants made references to family dynamics as well as family structure. Inter- and intra-familial roles markedly impact the Latino child and her ability to interact/understand her surroundings.

Theme Two: Culture-Specific Toys. Another theme that emerged indicated that participants utilized cultural specific toys when taking the Latino child's culture into consideration. Culture-specific toys included play therapy props that depicted Latino attributes. Most of the participants made reference to Hispanic dolls and figures with darker skin tones. They also included other toys that resembled specific cultural apparel, music instruments, and foods.

It appeared as though multicultural play therapy toys were utilized by the participants in building rapport and to increase the child's comfort levels. For example, participants made reference to including Mexican toys in treatment. These Mexican toys were available to help the child feel connected and understood by the therapist. For example, as detailed below, respondent six included Hispanic dolls,

tortillas, Mexican hats, maracas, and other toys from Mexico to increase his client's comfort.

Respondent two said,

I have appropriate toys such as maracas and a parrot. I also use dolls with different skin tones.

Respondent four said,

In my playroom I make sure that I have dolls that are brown so there are more familiar things to them. I have toys that look like them basically.

Respondent six said,

I have a pretty diverse play room. I have Hispanic dolls, tortillas, Mexican hats, maracas, and other toys from Mexico.

Although participants incorporated multicultural toys in attempts to display multicultural sensitivity, the toys' effectiveness and reason for the preference remains ambiguous. It was not made clear whether or not the Latino child preferred the culturally specific toys over non-specific toys. There was no indication that the culture-specific toys served to be more therapeutic over any "Caucasian" toys the therapist might have.

In sum, this theme shed light on the importance of including multicultural play therapy toys in treatment. All of the participants made reference to specific toys, but not many elaborated on the effectiveness and purpose of such toys. It appears as though the purpose of these toys is to aid in rapport building, increase the child's

comfort levels in therapy, and to establish a sense of connectedness between the child and his therapist.

Theme Three: Language. Participants focused on language when they took the Latino's child cultural context into account. The use of Spanish language in therapy emerged as a theme. Four subjects made reference to speaking Spanish in treatment, as seen below. It may appear obvious that speaking Spanish is a necessity with those families who have a limited English vocabulary. However, the benefits of speaking Spanish with that clientele are tremendous. Participants explained that Spanish-speaking clients appear insecure and uncomfortable when attempting to speak English. One participant (#4) stated that speaking the Latino client's native language helps lower negative feelings.

Respondent one said,

I do the interview with the parents in Spanish. Also I speak in Spanish to the child if it is their primary language.

Respondent nine said,

I consider their language. I do tracking, reflecting, and summarizing in Spanish if it their primary language.

Some argued that they take the Latino child's culture into consideration by conducting treatment in the Spanish language. Speaking the native language is appropriate to increase comfort levels and to effectively communicate without delays or interruptions in interactions. In sum, the quality of interaction between the therapist and the family is improved by speaking Spanish. However, speaking Spanish to those

families with a limited English vocabulary is required and more appropriate than speaking English. In other words, speaking the primary language with Latino families could be seen not just as a matter of sensitivity, but a matter of necessity.

Theme Four: Focus on Feelings. Four of the participants alluded to the practice of focusing on the child's feelings. In attempts to take the child's cultural context into account, they placed emphasis on exploring the child's affect. This is a widely used technique across all cultures and the participants specifically connected it to being multiculturally sensitive. Again, this technique appears to be used in order to gain rapport and convey empathy. One participant (#5) stated that she talks about feelings and throws a ball back and forth. This is also an example of rapport building from a child-centered approach to therapy. Another participant (#13) reported that in order to display cultural sensitivity s/he used child-centered play therapy. This respondent stated that the Latino child tends to be expressive about emotions and therefore, it is the correct approach in displaying cultural sensitivity. There were no specific examples of which feelings are being focused on. It is assumed that any feeling that a child might share would be taken into consideration.

Respondent three said,

The first thing that comes to my mind is we do a lot of talking about their feelings. We also do drawings and different activities that reveal children's emotions.

Respondent five said,

I do a lot with feelings. Children are never aware of feelings. I throw a ball and talk about what is happening in their lives.

By considering the child's cultural context, several participants attend to that child's affect. They saw the technique as a beneficial tool to reflect and process that child's affect. This approach and notion transcends itself across cultures. In other words, this technique is effective not only in the Latino culture, but other cultures including the dominant culture in this region of the world. Contemplating and processing the child's affect was seen to convey understanding between the therapist and the child, as well as build rapport for future treatment sessions.

Theme Five: Nondirective Approach. A theme shared by five subjects was the use of a nondirective or child-centered approach in play therapy. In this approach, the therapist allows the child to direct the session. Most participants agreed that a nondirective approach is an appropriate and effective technique to use in counseling children. One participant (#2) reported that her main approach is nondirective and child-centered. In this case, it appears as if that participant utilized this approach to increase the child's participation. Further, she stated that if themes relating to culture arise, then she "takes a look at [them]." It may be concluded that this participant viewed this approach as a means of taking the child's cultural context into account, while others use it as a way to facilitate cooperation and communication in children.

Respondent twelve said,

In terms of play therapy in considering the cultural context, I use a nondirective and child-centered approach. I allow the child to take the lead in play therapy.

Respondent two said,

I go into play therapy and I do a nondirective approach to play therapy and look at themes in their play. If I see something relating to culture, then I take a look at that.

The theme of employing a nondirective approach as a play therapy technique became evident, as five participants ascribed to this strategy. Participants utilized this approach to allow the cultural themes of the children to emerge. The child-centered and nondirective approach was seen as a way to build rapport and remains effective in other phases of treatment, while creating a culturally sensitive context for treatment.

Question 1b

This question asked the subjects to detail effective strategies that they utilized with Latino children in play therapy. The themes for this particular question are as follows.

Theme One: Customs. A major theme that emerged when describing an effective strategy was considering the child's cultural customs. Customs are practices that members of that particular culture adhere to (Lopez & Hernandez, 1987). Customs can fall under two categories, either universal or familial. For example, a universal Latino custom can include *Quinceañeras*, where an individual (usually female) celebrates her 15th birthday as a right of passage into adulthood. A familial custom within that culture can include kissing another on the cheek as a form of greeting. Participants' responses suggested that the customs that the child adheres to

will influence the way that child interprets and makes sense of his/her surroundings. Therefore, when constructing effective strategies in play therapy, it is imperative to regard these customs.

Participants considered the individual's culture as a comprehensive strategy rather than an aspect of this child's life. For example, respondent five indicated below that she takes the child's culture into account; however, she is unable to specify specific techniques based off these customs.

A total of four responses included customs as a factor when discussing effective strategies.

Respondent one said,

I look at the way the family deals with certain issues such as death. Then I look at the specific customs of that family. This helps me devise a strategy to use with the child.

Respondent five said,

You have to look at customs. I cannot think of a specific example right now but understanding their customs helps me come up with specific strategies.

As an effective strategy, the majority of the participants alluded to the importance of considering the child's customs in treatment. Participants suggested that these customs definitely guide the child's interpretation of the world as well as influence their capacity to function in the dominant versus non-dominant culture. As detailed, the participants indicated that considering customs is an effective strategy. However, it seemed that some participants were better able to see the use of customs

as a “good idea” rather than a specific strategy. They seemed to see the child’s customs as part of their general cultural context which had implications for his/her general psychological makeup, rather than a technique used to initiate or facilitate change.

Theme Two: Family. An effective strategy that was addressed by five participants involved family structures and family relationships. These participants all agreed that working with the family in some way, shape, or form was an effective strategy. Latinos hold their family in high regard and the unit or group is extremely influential as a whole. For example, most ideas and thoughts are bounced off each other and opinions of most members count when it comes to decisions about family issues. Members of Latino cultures usually do not function independently but function as a family unit.

Family was mentioned consistently among participants as being an effective strategy for various reasons. Most situations affect the entire family. Therefore, when one member is in a decision-making situation he or she considers many members due to the effects it may have on them. For example, if a child is asked to commit to therapy weekly, it must be discussed with the immediate as well as the extended family. The child going to therapy weekly may change the routine of the entire house and others will be expected to collaborate in some way.

Use of the genogram was also identified as an effective strategy. It is assumed that due to large families the therapist finds it easier to organize the structure with this tool. The genogram is also a strategy derived from family therapy and perhaps

participants felt most comfortable using family therapy in working with Latino cultures.

Respondent three said,

Working with the family and the extended family is a strategy. I work with grandparents when working with parents.

Respondent two said,

My strategy is family therapy as well as using the genogram to challenge perceptions.

Participants suggested that including the family in treatment appears to be a common effective strategy when working with this population. Participants seemed to agree that Latino families tend to function as one cohesive unit versus multiple entities, and that the Latino families are markedly interconnected be it emotionally or psychologically. Additionally, the level of commitment tends to revolve around the entire family – including extended family. Most decisions have a tendency to influence all members of that family; therefore, it is only appropriate for the unit to construct one collective decision. To gain better insight into the inner workings of the family, participants utilized a genogram. By using this family therapy technique, the participants were capable of mapping out family relationships to increase their understanding of the family in treatment.

Theme Three: Cultural Games. A theme shared by four participants revealed that cultural games and characters were effective strategies when working with Latino children. Some participants considered the sand tray as an effective strategy when

using culturally specific figurines (e.g., churches, farmers, Mexican hats). To these participants providing the child with figurines that resembled their culture was deemed as an effective strategy. Another participant stated that Mexican bingo was used because it was a game that a specific child played with his/her family in the home. The familiarity of it made it appealing to both the therapist and the child. The participant was able to show connectedness with this child because she was able to reproduce something that was meaningful to the child. In this example, Mexican bingo was used to recreate familiarity within the therapy. This participant stated that it elicited quicker and deeper participation from the child. It also provided a greater degree of comfort for the child, which was seen as strengthening rapport.

The use of cultural characters was also identified as being an effective strategy. Respondent twelve explained that when a child can identify with a character it helps the intended technique to become effective. When the character represented the child's culture, it was seen as increasing familiarity and therefore a useful cultural strategy.

Respondent seven said,

Sand tray is an effective strategy used with children of all ages.

Respondent twelve said,

Bibliotherapy works well when I use Latino characters. This way they can identify more readily with the Latino characters.

Cultural games in play therapy were documented as an effective strategy. Some participants deemed sand tray as an effective multicultural strategy. Sand tray alone is not multiculturally sensitive; however, to increase sand tray's multicultural sensitivity, those participants included culturally specific figurines. One participant included a popular board game that is played at home, such as Mexican bingo. Throughout the responses, this theme transitioned into the importance of cultural familiarity. These responses suggested an overall pattern that in treatment, cultural familiarity increases the child's level of comfort as well as level of interaction. Additionally, participants implied that by providing the child with recognizable figurines or games, the child may develop a sense of connectedness with his or her play therapist.

Theme Four: Child-Centered Approach. A theme shared by four subjects was the use of a child-centered approach in play therapy. This theme emerged from the data as an effective strategy used in working with Latino children. As detailed earlier, a non-directive or child-centered approach is a theoretical approach to treatment.

One of the hallmarks of this theoretical approach is to provide the child with unconditional positive regard. This idea states that it is imperative for the therapist to accept children exactly as they present themselves. Participants reinforced the need to be nonjudgmental toward the child. These attributes demonstrate deep and genuine caring in attempts to induce change. Another trademark of this approach, suggested by participants, is to allow the child to lead therapy. Thus the child dictates what is done in therapy (e.g., playing with sand tray). Participants reported that allowing the

child to lead therapy can be extremely empowering to some children. They further elaborated that it is highly probable that a majority of Latino children lack a felt sense of control in their lives due to cultural variations. By empowering the child in therapy, the child's need to control attributes of his/her life outside therapy will decline. In other words, children's problematic behaviors will decline as control is attained in one aspect of their lives. Another characteristic of this approach was described by a participant as being attentive to the child's actions by narrating his/her behaviors. The goal for this sub-technique is to provide children with the attention they are seeking. One participant stated that by providing children with attention, they are less likely to engage in problematic behaviors in their surroundings.

Respondent ten said,

I am child-centered and the way I present myself is the same across all cultures. Therefore, nondirective approach is my effective strategy.

Respondent eleven said,

I tend to verbalize play quietly. When the children ask for permission, I tell them that this is their time and they can do whatever they want in the playroom. I turn the power onto them.

A theme that was generated from effective strategies indicated that the use of a nondirective or child-centered approach in play therapy is significant. The respondents typically allow the child to guide therapy and were non-judgmental in their approach. This allows for a sense of safety and understanding between the therapist and his/her young client. Also, by empowering the child in treatment, the

child is less likely to seek out other problematic methods for control and power. Additionally, the respondents provided the child with a great deal of attention.

Question 1c

After providing an example of an effective strategy used when working with Latino children participants were then asked to detail the components that made that strategy multiculturally sensitive (Question 1c).

Theme One: Customs. Several respondents again reiterated the significance of customs when providing treatment to Latino children. As mentioned earlier, customs are practices that members of that particular culture adhere to. These beliefs and customs are developed through different aspects of their culture such as religion, spirituality, family relationships, language, and values. Participants suggested that these attributes can markedly influence the way parents rear their child. For example, in the Latino custom, religion is an important aspect of that culture. Therefore, Latino children tend to uphold religion and its requirements (e.g., first communion and baptism). Another example of customs is the utmost respect and value a child has for the elder members of the family - including extended family members. This was evidenced in the participants' use of grandparents. This overt sense of care for the family will significantly impact the child's behaviors and understanding of his/her surroundings.

By denoting the importance of Latino customs, participants were well versed and had a strong understanding of expectations and responsibilities that the child

inherited. Some participants agreed that obtaining understanding and remaining aware of the Latino child's and his/her families' customs is a display of sensitivity.

Respondent one said,

Using information from the customs of different origins and planning around them make that strategy multiculturally sensitive.

Respondent five said,

Understanding the parent's way of disciplin[ing] their children based off their belief systems. Considering how their customs influence the way they parent, makes that strategy multiculturally sensitive.

When creating effective strategies in treatment with Latino children, participants exercised a great deal of mindfulness toward the child's cultural customs. They made the connection that customs are exceptionally important to consider because they influence the child's thinking and behavioral patterns. Additionally, these customs require that family members be incorporated in treatment due to the overwhelming sense that all members of a Latino family are vested in the wellbeing of the child. Participants eloquently explained that attending to the families' beliefs and practices is a way to make strategies multiculturally sensitive.

Theme Two: Family Significance. Several participants believed that focusing on family dynamics and their significance made their strategies effective and culturally sensitive. This subject matter appears to speak to the dynamics that transpire within a Latino family, including immediate family as well as extended family members. Participants connected family roles to the tendency for Latino

families to emphasize the importance of interdependence as well as a general sense of cohesiveness. They saw Latino families as having a strong familial orientation that impacts the way that the family functions. Therefore, in conceptualizing a child's behavior, it was important for them to exercise mindfulness regarding the families' dynamics as well as understand the significance of the family for the child.

Participants explained different aspects of the Latino family. Within this culture, there is also the notion that individuals within a family will sacrifice for the wellbeing of the whole. For example, in hopes of providing support for the family, the eldest daughter may take on her mother's roles if she were unable to fulfill her roles. If this individual happens to be an adolescent, she is expected to sacrifice certain aspects of her youth for the wellbeing of the family. They suggested that this dynamic is significantly important to consider when providing care for that individual to increase understanding and awareness of the situation.

Due to these complex and multifaceted familial dynamics, several respondents spoke of the importance of utilizing a genogram in treatment. By utilizing a genogram, the therapist will be capable of mapping out family relationships and document expectations as well as responsibilities for their client. Additionally, the genogram will increase the client's family's ability to relay these dynamics to the therapist.

Respondent three said,

Family is a huge part of their culture because they are typically cared for by their extended family members.

Respondent two said,

Using the genogram and therapy that involves the family helps me understand the families' dynamics as well as the families' roles.

As the respondents construct strategies while working with Latino children, their techniques are sensitive to that child's family dynamics as well as their significance. These dynamics play a vital role in the development of the child as well as the maladaptive manifestation of problematic behaviors. The roles of a child are circumstantial to their gender and sibling ranking. If the child happens to be the eldest daughter, she therefore is expected to fulfill her mother's responsibilities even if it means sacrificing certain aspects of her youth. Within most Latino families, there exists a multifaceted and complicated set of dynamics that extend themselves to the members outside the immediate family. These intricacies can be plotted utilizing a genogram, as confirmed by the participants.

Theme Three: Cultural Games. Several respondents indicated that their strategies are deemed culturally sensitive because they incorporate cultural games in their treatment. Cultural games that were detailed by the participants included specific figurines and games that are familiar within the Latino culture. Respondent seven maintained that he is culturally sensitive because he provides his clients with culturally specific figurines for play in his sand tray. These figurines include farmers, nuns, and the Virgin Mary, as well as other religious type individuals. This respondent believes himself to be exercising a great deal of sensitivity by providing these figurines. Sensitivity is expressed by this respondent by his ability to provide

his young clients with familiar objects and people in play. These cultural specific toys may have played a vital role in the development of this child. For example, the majority of Latino families uphold the importance of religion and the practice of religion. As a result, the child in treatment may have had a great deal of exposure to people of the faith. This familiarity will increase the child's interaction, which increases the effectiveness of treatment.

Respondent seven said,

I have common cultural figurines for my sand tray. They are migrant farmers, nuns, Virgin Mary, and crosses to represent the Catholic religion.

Respondent twelve said,

Using characters from their [culture] makes this technique multiculturally sensitive.

Several participants indicated that their strategies are effective by incorporating cultural games in treatment. Cultural games include cultural specific figurines as well as other games that are familiar within that culture. This theme gives rise to connections made by patterns in the participants' responses. The overarching goals for these cultural games and figurines are to increase the child's participation and sense of security. This objective is attained by providing the child with familiar activities and play objects. This sense of familiarity will increase feelings of comfort as well as interactions in treatment. By increasing comfort and interaction, the child is more apt to receive effective treatment.

Theme Four: Nondirective Perspective. Participants believed that approaching the child from a nondirective perspective is multiculturally sensitive. As detailed, the child-centered and nondirective theoretical approach allows the child to dictate the course of treatment while the therapist provides a safe environment. This approach is multiculturally sensitive because therapists exercise a great deal of understanding and mindfulness toward the target culture. For example, a therapist who ascribes to this approach is highly aware of the vast intricacies that impede on the child's development and pathology. As respondent ten indicated below, he presents himself as child-centered; therefore he is extremely sensitive to the child's cultural background.

Respondent ten said,

Again, I am child-centered. The way I present myself shows sensitivity to their cultural background.

Respondent eleven said,

Not only showing sensitivity by being nondirective. I am also using Spanish to communicate with them.

Several participants believe that approaching the child from a child-centered treatment modality is exercising multicultural sensitivity. This theoretical model transcends itself across cultures; therefore it is expected and likely for the model to be effective with Latino children. Those who approach treatment with Latino children from a nondirective perspective are more likely to be mindful and aware of multifaceted factors impeding on the child's growth, development, and wellbeing.

Question 2a

For this particular question, participants were asked to identify the cultural issues that are important in counseling Latino children. Several themes emerged and are presented below.

Theme One: Family Dynamics. As detailed, family dynamics appear to speak to the dynamics that are within the immediate family as well as extended family. These dynamics consist of family relationships, family roles, familial expectations, and various responsibilities. Nine of the participants made direct reference to some aspect of family dynamics as an important issue in counseling Latino children.

Latino families tend to emphasize the importance of interdependence as well as a general sense of cohesiveness. This interdependence, as stated above, includes extended family members. When one portion of the Latino system is influenced, it alters or influences other aspects of the system – or even the entire system. Therefore, when a child seeks treatment, the entire family involves themselves in the collective decision of sending that child to treatment.

Therefore, it is of no surprise that the nine participants indicated that they incorporate family members in treatment. Some included extended family members in treatment. One participant (#11) argued that it is extremely important for the entire Latino system to feel involved in the treatment; for the reason that the Latino families tend to be multifaceted and interconnected. In other words, an alteration in one portion may initially modify the system's functioning. Additionally, the family seeking treatment will feel understood and respected by being part of the treatment.

Respondent eleven said,

When I work with the family, I emphasize that counseling is helpful for everybody. It will be helpful for even those who are not part of the family. Extended family is important such as grandparents, aunts, and uncles. I try to involve them as much as possible. Valuing children and their parents as well as treating everyone with respect is important.

Respondent twelve said,

I think understanding their cultures and customs is important in terms of family relationships. Dynamics amongst the extended family and differences in genders are also important issues to consider.

The majority of the participants made reference to some aspect of family dynamics as an important issue in counseling Latino children. Family dynamics include roles, expectations, and responsibilities that influence the child's development and growth. Participants believed that it is imperative to include immediate family members in addition to extended family members in treatment. This significant consideration allows for the family to feel understood and involved in the treatment of their child and relative. Latino families are interconnected; thus, when one aspect of the system is altered, the collective whole is also influenced. The theme, as it cuts across many responses, indicates that including immediate and extended family members in treatment is appropriate and beneficial for the child as well as the collective whole.

Theme Two: Level of Acculturation. Assessing the child's level of acculturation was deemed the second most important factor to consider when providing therapy for Latino children. When determining the child's level of

acculturation, the participants suggested that one must examine multiple factors that influence the process of acculturation. These suggestions included several ideas. The therapist must first determine the child's language preference. Does the child prefer to speak in English, Spanish, or both? Acculturation is also dictated by the child's ethnic identity to which he or she ascribes. In addition, the dynamics within the family are significantly altered by the degree of acculturation. Cognitive style, coping style, interpersonal behaviors, and affective behaviors are all considerable components that dictate one's level of acculturation.

Several participants alluded to the importance of understanding and determining the child's degree of acculturation. Additionally, those same participants also discussed the benefits of understanding the differences in acculturation within different generations of that same family. For example, a Latino family that recently immigrated to the United States will be less acculturated than a Latino family that made the transition several decades ago. Recently immigrated families will hold more traditional values and beliefs than those with a higher degree of acculturation. Assessing a family's level of acculturation is important in understanding the way the child thinks, behaves, and interacts with him-herself as well as others.

Respondent one said,

I primarily work with the parents of the Latino child. A lot of children I work with are second and third generation. Their issues are different from their parents. In other words, understanding their level of acculturation is a major issue that needs to be considered.

Respondent seven said,

Knowing what are common beliefs for different generations are issues that are important to me especially if they are recent immigrants. I would want to know their level of acculturation.

Several respondents believed that determining a child's degree of acculturation was a significant factor to consider when providing therapy to this clientele. Degree of acculturation will influence to what extent the child's behaviors are in the norm of the dominant culture. Those with a lesser degree of acculturation will hold and practice traditional roles, values, and expectations. Participants suggested several components that must be considered when assessing a child's level of acculturation. Examining their language preference, family dynamics, cognitive style, coping style, interpersonal behaviors, and affective behaviors comprise one's degree of acculturation. Participants in this study alluded to the importance of examining different generations within the client's family in determining that family's level of acculturation.

Question 2b

This question addressed the differences in the use of strategies between cultural groups. Participants were asked to identify how their current strategies were different than those used with other cultural groups.

Theme One: Cultural Sensitivity. When asked to differentiate between culturally specific techniques, one major identifiable theme emerged relating to this subject matter. All of the participants addressed the importance of being sensitive to this specific culture. They all shared an overall heightened sense of awareness and

display of sensitivity toward specific views, beliefs, and customs within the Latino culture. Several common sensitivity issues that emerged from working with Latino children include the following.

Several participants indicated that they typically discuss and address immigration-related questions. Some of their clientele may not necessarily have legal status in the United States. Therefore, they tend to be more sensitive to the stressors that relate to this subject matter. Several other participants maintained that they are sensitive to their clientele's needs to observe religious holidays and attend services. Many participants offered the opinion that a majority of this population will accumulate a significant number of absences from school and therapy. As a result, one therapist advocated for the family when communicating with the child's school. Another common topic was the culture's conception of time. Several respondents indicated that their clientele are repeatedly late to appointments. They believe that the Latino people tend to function at a much slower pace than the traditional American culture. Other themes have suggested that specific topics would include generational differences, gender roles, gender expectations, and traditional values/beliefs.

Respondent one said,

Something that I find myself doing is I discuss sensitive immigration issues. I address these issues [and] they make a difference in the way parents treat their children. Parents enjoy working with me because I am sensitive to these needs.

Respondent three said,

Being a school counselor, I remain sensitive when children miss numerous days from school. Many children travel often to Mexico to visit extended family members. I remain sensitive in understanding that this is part of their culture and not being done out of disrespect.

Respondent nine said,

I am aware that time is a cultural aspect to consider. When my clients are late, I remain sensitive to their cultural outlook. I understand that timeliness is not a priority.

Participants believed that when working with the Latino clients, their overall sense of awareness and display of sensitivity was elevated toward culture-specific circumstances. Several common issues emerged that required the participants' awareness and understanding. Several children present with issues embedded in immigration-related concerns, religious expectations/duties, the slow-paced nature of the culture, generational differences, gender roles, gender expectations, and traditional values/beliefs. Participants as a whole seemed to display overt sensitivity when working with Latino clients by considering the aforementioned matters.

Question 3a

This question asked the participants to indicate how many years of experience they have in working with Latino children. These themes are based on a frequency count.

Table 24 lists the years of experience that the respondents accumulated while working with Latino children. Based on the data detailed below, the average years of

experience that participants have had with this population is 14.6 years. The years of experience ranged from 3 to 40 years. It is important to note that nine of the 12 participants have less than 16 years of experience working with Latino clientele. The remaining three participants had 26, 33, and 40 years and can be considered outliers. By eliminating their responses, the remaining participants would have had 8.4 years of experience with working with Latino children.

Table 24

List of Years of Experience (N = 12)

Respondent	Years of Experience
1	7
2	10
3	3
4	5
5	33
6	26
7	13
8	11
9	6
10	5
11	16
12	40

Question 3b

This question asked the participants to elaborate on the types of training in multicultural counseling or issues they have had in the past. Table 25 lists the types of training that each responded has had within his/her educational history and are represented as themes based off of a frequency count.

Table 25 lists the types of training that each respondent has had in regard to working with Latino clientele. Training included multicultural graduate coursework, conferences, workshops, and seminars pertaining to multicultural topics. Some participants described receiving training through “in services” that were held by their employer. This type of training consisted of professionals providing discussion on the topics of multiculturalism and counseling children. Participants also included their contributions to the field such as teaching, publications, research, and presentations under their responses to the training question. Some participants considered their exposure to the culture (e.g., #12) and to the Latino population has provided them with considerable training (e.g., # 7).

Two themes emerged from the following data. Most participants believed that they have had insufficient training in dealing with this population. A large number of participants have only a graduate-level course; however, these courses are required to becoming an RPT or RPTS.

Another theme emerged which revealed that a majority of the participants received their training through APT conferences. Although participants gain a plethora of knowledge by attending APT conferences, it remains a requirement for continuing education. However, participants chose topics related to multiculturalism in general and Latino culture specifically when these topics were offered.

Training was defined as the participant’s participation in acquiring knowledge in order to work with multicultural issues and people. More specifically, seminars included those with play therapy and working with children. Some mentioned that

they had worked with pioneers in the field such as Eliana Gil. Most of the participants reported that they felt that their training was insufficient and did a lot of learning by reading on their own.

Table 25

List of Types of Training in Multicultural Counseling (N = 12)

Respondent	Types of Training in Multicultural Counseling
1	Graduate Coursework (Minority Mental Health) APT Conferences In-service Education through Work
2	APT Conferences Training with Eliana Gill
3	Graduate Coursework (Multicultural Counseling)
4	Graduate Coursework (Multicultural Counseling)
5	APT Conferences Play Therapy Workshops Education through Reading
6	Play Therapy Workshops Independent Research Education through Reading
7	Play Therapy Workshops Presented on Multicultural Issues Experience through Exposure
8	APT Conferences Graduate Coursework (Multicultural Counseling)
9	Graduate Coursework (Multicultural Counseling)
10	Graduate Coursework (Multicultural Counseling) APT Conferences
11	Experience through Exposure Graduate Coursework (Multicultural Counseling) Play Therapy Workshops (18 hrs)
12	APT Conferences Graduate Coursework (Multicultural Counseling) Play Therapy Workshops Taught Multicultural Coursework

NOTE: APT= Association for Play Therapy

Question 4a

This question asked the participants to describe how they maintain awareness of their own cultural biases. Themes identified were based off of a frequency count.

Table 26 lists the various methods that the participants utilized in order to maintain awareness of their own cultural biases. The techniques detailed below contain two major themes that consist of colleague supervision/consultation and self-focus. The themes will be discussed below.

Several participants indicated that they maintained awareness of their cultural biases by consulting with colleagues and receiving supervision. Two of these respondents maintained that they received consultation from their Latino colleagues and/or staff in their facilities. Participants felt that this method for increasing awareness is appropriate, as they needed to gain insight into the Latino culture. Furthermore, by consulting with colleagues or receiving supervision, they became aware of their own biases and misconceptions toward this population.

Another major theme that emerged from this data is that participants maintained awareness of their cultural biases when working with Latino children by focusing inward and self-monitoring. Several participants noted that they monitor their perceptions and communicative style when initiating treatment with this population. Additionally, there appears to be a general sense of self-talk as a form of coaching and self-supervision. The respondents act as their own guide or coach as their sense of sensitivity and awareness is increased in dealing with various

multicultural considerations. These specific techniques included monitoring one's own thinking, journaling, and holding oneself accountable for mistakes and biases.

Table 26

List of Methods to Maintain Awareness of Own Cultural Biases (N = 12)

Respondent	Methods to Maintain Awareness of Own Cultural Biases
1	Consultation with Latino Colleagues
2	Supervision
	Continuing Education (Doctorate)
	Remain Empathic To Client
3	Consultation with Latino Colleagues
4	Awareness of Dominant Culture
5	Consultation with Colleagues
	Monitoring Own Thinking
6	Monitoring Communication
	Being Accountable for mistakes
7	Journal
8	Monitoring Own Thinking
9	Consultation with Colleagues
10	Awareness of Own culture
	Being Accountable for Biases
	Supervision
11	Paying Attention to Own Feelings
12	Supervision
	Remain Empathic To Client

Summary of Thematic Responses

There were a total of 12 participants in the second phase of this study.

Participants were interviewed and the data was coded in order to reveal common themes. Several themes emerged from the data and are as follows: Questions 1a, 1b, and 1c composed the application and *practice* of multicultural play therapy with

Latino children. When considering the Latino child's cultural context when providing care, participants are mindful of family dynamics, provide culture-specific toys to the child, speak in the primary language, focus on the child's feelings, and are nondirective in their approach. Additionally, considering the child's customs, incorporating cultural games, and approaching the child from a nondirective perspective were all reported as effective strategies when working with Latino children.

Questions 2a and 2b assessed the participants' *knowledge* of this specific culture. When providing care for Latino children the participants tend to consider cultural issues such as family dynamics and degree of acculturation. When practicing with children from other multicultural groups, the participants detailed the importance of being sensitive and mindful of the cultural differences that Latino children encompass.

Questions 3a and 3b ascertain training *development* in this field. The average years of experience of working with Latino children were 14.6 years. Most of the participants received training via graduate coursework, APT conferences, play therapy workshops, exposure to the culture, and other means of educational training. Last, question 4a assessed for possible interventions to increase awareness of participants' cultural *biases*. Most of the participants consult with Latino and/or Non-Latino colleagues, seek supervision from an outside source, practice mindfulness when working with Latino children, and can accept when they have committed a biased multicultural error.

CHAPTER 5

DISCUSSION, FINDINGS, CONCLUSION, AND IMPLICATIONS

Introduction

In the newly emerging field of culturally sensitive play therapy, this qualitative study intended to identify specific techniques that play therapists are using to work with Latino children. As this study evolved, several research questions were designed to evaluate the participants' knowledge, practice, development, and biases in their work with Latino children.

This chapter is organized into the following seven sections. Section one reviews the findings. Section two provides a discussion of the identified strategies and their connection to the literature. Section three discusses the relationship between training and multicultural competence. Section four highlights implications of these findings. Section five describes lessons learned from the methodology used in the study. Section six presents suggestions for future research. Section seven highlights conclusions of this study.

Findings

This study yielded several significant findings. First, the significant issues that play therapists reported as being reasons for Latino children entering into play therapy

are: traumas resulting from sexual abuse, physical abuse, and parental loss; mood disturbances such as anxiety, depression, and aggression; school-related problems resulting from ADHD and behavioral difficulties; difficulties adjusting to school and divorce; and family dysfunction. Second, culturally sensitive techniques that play therapists utilized in working with Latino children are: reviewing and understanding the child's cultural/family background; determining the child's degree of acculturation; incorporating multiculturally sensitive play materials in play therapy; and communicating with the Latino child and his/her family through the Spanish language. Last, the sample population indicated that they utilize a genogram in understanding the child's family background and relationships, whereas the interview sample did not.

Some other noteworthy findings included that the sample population was sensitive in the assessment and conceptualization process. The interview participants directed their sensitivity toward treatments and various interventions. Additionally, this study found that interviewees did not implement any new conceptual or creative strategies in working with Latino children. In other words, the interview participants were not providing treatment out of the ordinary when compared to the general population.

Discussion

Identification of Culturally Sensitive Techniques

Cultural Background

Analysis of the 12 participant responses in the second phase of the study found that most participants display cultural sensitivity by considering their clients' cultural background. Participants demonstrated this by considering cultural ceremonies, examining their client's customs (i.e., values and beliefs), understanding the differences in gender roles including expectations and responsibilities, and displaying sensitivity toward family dynamics. These aspects were seen by participants as composing the children's cultural background. These notions remain consistent with the literature. Many authors believe that incorporating one's cultural background into case conceptualization and treatment is within itself culturally sensitive (Marin as cited in Bernal, Bonilla, & Bellido, 1995; Sue & Zane, 1987).

Marin (as cited in Bernal et al., 1995) believed that taking the client's cultural context into consideration is essentially a display of "cultural sensitivity." The author believes that interventions must coincide with cultural values and expectations to be deemed culturally sensitive. By increasing their cultural awareness with the Latino population, therapists are more effective and credible (Sue & Zane, 1987).

Participants in this study displayed a great deal of sensitivity to significant cultural factors by incorporating them into play therapy. Therefore, these participants are practicing in a more credible and effective manner.

In order to take the child's cultural background into consideration, therapists must display insight into the following factors. It is essential to comprehend the significance of gender roles and the associated expectations and responsibilities. For example, female Hispanic children tend to take on maternal responsibilities (e.g., caring for her younger siblings). Another factor to consider is cultural ceremonies. Cultural ceremonies are important to consider, as they are rights of passages that modify the child's expectations. For example, Quinceañeras is a right of passage celebration into adulthood. Consideration of cultural ceremonies such as Quinceañeras is necessary because the expectations of Hispanic females are dramatically different before and after that milestone. Another consideration to take into account is the significance of family dynamics. Hispanic families are close knit and all family members are impacted when a child receives treatment. Therefore it is imperative to consider this closeness and include immediate as well as extended family members in treatment. Last, considering the child's customs displays sensitivity to the Hispanic child's cultural background. The Hispanic child's values and beliefs (e.g., respect for elders) influence their understanding of their world as well as their interactions with others.

The outlook of play therapy is much different when considering the aforementioned culturally sensitive factors. For example, dolls may have darker colored skin and hair. The figurines for the sand tray are culturally specific such as foods, instruments, and apparel that are common in the Latino population. Metaphors and stories that play therapists use may include characteristics that reflect the extended

family (e.g., grandmothers, cousins, uncles). Additionally, doll house play and characters may follow traditional gender roles (e.g., father as breadwinner, mother as caretaker).

Acculturation

The 12 participants and the sample population assessed the child's degree of acculturation. They deemed this technique as one of their top five techniques when working with Latino children. Degree of acculturation was calculated by the participants by determining the child's primary language as well as the ethnic group that the child ascribes to. The participants conceptualized their client's degree of acculturation by understanding the dynamics within the family, determining if the child possesses western versus traditional coping skills, and by examining their behavioral patterns. Determining the Latino child's level of acculturation must be taken into consideration when devising effective strategies and interventions (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Assessing a child's level of acculturation is important in understanding the way the child thinks, behaves, and interacts with him/herself and others. To what extent the child has acculturated to the dominant group will require varying degrees of sensitivity. If the child has acculturated to the dominant culture, the therapist may utilize play materials that represent the dominant culture whereas, if the child possesses traditional characteristics, the play therapist then is more apt to use Latino-related play materials. Ponterotto (1987) suggested that Mexican Americans with a

lesser degree of acculturation require more sensitivity than those with a higher degree of acculturation. Additionally, several authors reiterated the importance of considering the level of acculturation in devising external-based counseling interventions (Altarriba & Baur, 1998; Kerl, 1999; Norris, Ford, & Bova, 1996). Both the sample population and the interview sample deemed assessing degree of acculturation as one of the most implemented interventions.

Assessing the child's degree of acculturation is a two-step process. First, the therapist must determine the entire family's degree of acculturation. This can be accomplished by interviewing and observing the child and her parents. After doing so, it is then imperative to determine the child's degree of acculturation. The child's degree of acculturation is more likely to be different than that of her parents and grandparents. Acculturation can impact first, second, and third generations differently. As the generations pass, traditional values, expectations, and customs may simply fade over time. The counselor is able to gain insight into degrees by interviewing and observing the child. Interviewing the child if he prefers to speak English or Spanish can provide insight into his level of acculturation. In the playroom, observations such as children's preference toward toys (e.g., darker-skinned dolls versus lighter-skinned dolls) increase one's understanding of their degree of acculturation.

A significant contribution of this research is the suggestion that play therapy itself can be used as a tool to measure the acculturation of the child. Play therapists can observe what toys the children gravitate to. They can also examine what types of

books the children are choosing. Are they reading Spanish or English books? Observations through play are important in determining if they are holding on to traditional values and expectations. The language they prefer to communicate in is also a clue into their degree of acculturation. Using a non-directive play therapy approach in assessing level of acculturation seems to be most appropriate. This gives children the opportunity to act natural and present themselves as they are. Observing and interacting with a child in a non-threatening way will enable the play therapist to gather pertinent information used in assessing the level of acculturation.

Language

A unique contribution from the interviews revealed that participants focused on language as a means for implementing effective strategies. The benefits of speaking the primary language, in this case is Spanish, is significantly beneficial. By speaking Spanish, the participants believed they are more effective in communicating with the child. Additionally, some families may be constricted in their ability to communicate in the English language. Therefore, it is only appropriate and necessary for the therapist to communicate in Spanish. The family will also experience a great deal of satisfaction and comfort while speaking their primary language. It is important to note, however, that some Latino families do not speak English and therefore it is irresponsible for the course of treatment to be conducted in the English language. For those therapists who are unable to speak Spanish, providing or including an interpreter is essential for communication. Nevertheless, determining the child's primary

language and providing therapy utilizing the dominant language is significantly beneficial and effective (Gibbs & Huang, 2003).

Family Dynamics

Another technique that requires attention is in relation to the importance of incorporating the child's family in therapy. Participants deemed this factor influential to the course and prognosis of treatment. Latino families emphasize the importance of the family and they act as one cohesive unit. For example, this study suggests that when a Latino child attends therapy, it is not uncommon for the entire immediate family to accompany the child to treatment. If a child displays problematic behaviors, the consequences of such behaviors impact the entire family system. Therefore, it is suggested that the immediate and extended family members be included in treatment. This supports findings that, the nuclear family may include grandparents and other members of the extended family (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Devising techniques around this notion may convey respect to the family and aid in increasing participation and collaboration.

As a technique to enhance the effectiveness of this strategy, the sample population as a whole identified using a genogram. This systemic technique aids the participants in understanding family roles, family relationships, and consequences of behaviors. Therapists utilize the genogram to plot relationships in the nuclear and extended family. One aspect to consider is that the therapist must remain neutral and careful about assumptions in conceptualizing the child's system. For example, one

must remain cautious when assuming that a genogram should have a central focus on the importance of parents rather than aunts and uncles. They must consider and recognize that the child may indeed live in a family with traditional values, beliefs, and gender roles. Herring (1997) believed that a multicultural family is the source of the child's cultural beliefs and values. The genogram may not be traditionally considered a play therapy technique, but this research suggests that especially when one considers the connections to multiculturalism, it is. Therefore, it is essential to understand the relationship within and without the family. By understanding the family's cultural outlook, the therapist is more apt to treat the child in a more effective and comprehensive way.

Child-Centered Approach

A culturally sensitive strategy that was echoed by both samples was approaching the child and treatment from a child-centered perspective. This non-directive and non-judgmental approach allows the child to direct the course of treatment freely. The focus of this model revolves around the therapeutic relationships. Participants expressed that the manner in which they present themselves is consistent across cultures. They provide treatment to a Latino child in the same fashion when providing treatment to an African American/Black child. From the participants' standpoint, they exercise this theoretical approach by expressing unconditional positive regard and a general sense of genuine care toward the child. They interact with all child clients using a child-centered approach. Most of the

participants allow the child to direct the course of the treatment by providing him or her with the power to dictate individual sessions.

Scientific literature has already shown that the child-centered approach is an effective strategy when working with minorities. Trostle (1988) was capable of eliciting greater social acceptance in young bilingual Puerto Rican children and to increase their self-control and fantasy expression levels utilizing a child-centered approach. Garza & Bratton (2005) showed that one can effectively decrease Hispanic children's externalizing behavioral problems using a child-centered play therapy approach.

Child-centered approach is deemed an effective strategy when working with the minority children because it allows for the counselor to see the child's point of reference and understand the meanings behind the behaviors (Landreth, 2001; Ramirez, 1999). As Landreth documented, the child-centered approach allows children the freedom to be themselves. This freedom provides the basis for a culturally sensitive relationship, which permits the child to move toward adaptive behaviors. The findings from this study clearly support this trend in the literature.

Multicultural Play Materials

Another culturally sensitive technique that was shared amongst both the sample and interview population was the use of multicultural play materials. Multicultural play materials include cultural related figurines, foods, cultural games, and art décor. Other examples were, parrots, religious figurines, and Mexican bingo.

This subject brought in another notion that merits attention. The overarching goal for these multicultural games was to increase the child's participation and sense of security. This objective was attained by providing the child with familiar activities and play objects. This study's data supported that this sense of familiarity will increase feelings of comfort for children as well as interactions in treatment. By increasing comfort and interaction, the child is more apt to receive effective treatment.

Martinez & Valdez (1992) believe that including multicultural play materials that resemble the client's cultural background will create a therapeutic environment. The aim for these play materials is to help children explore their issues by acknowledging and introducing the multiple contexts of their experiences. Additionally, these materials create a safe and welcome atmosphere for all children. In sum, it is extremely important to equip play therapy rooms with materials that are culturally unique to Latino children, for the reason that it conveys a response and understanding of the child's culture (Gil, 2005). Integrating multiculturalism with play therapy is appropriate and effective when working with Latino children. Findings of this study suggest that culturally sensitive play therapists "play" with children using play materials that connect with their cultural background. However, the literature did not speak to the differences in play therapy materials in working with children at different degrees of acculturation.

It is suggested from the findings of this study that play therapy techniques as well as materials should parallel the child's level of acculturation to increase the child's ability of self-expression and familiarity. For example, a child at a low level of

acculturation may experience anxiety due to being the only Latino child in an all-white classroom, whereas a child with a higher degree of acculturation may not express anxiety in a similar situation. In this situation, a play therapist may use a light-skinned doll and dark-skinned doll to encourage and facilitate expression of feelings.

Multicultural Training in Relation to Multicultural Competence

Considering Sue et al. (1999), Multicultural Counseling Competencies, and the data, it is evident that the participants were practicing in a multicultural capacity. They demonstrated beliefs, knowledge, and skills in the following three areas: (a) awareness of their own assumptions, values, and beliefs, (b) understanding of their client's worldview, and (c) developing appropriate counselor interventions, strategies, and techniques. Arrendondo & Toprek (2004) maintain that adoption of multicultural competencies is indicative of culturally responsive practices.

The data from this study supports that the participants developed multicultural competence through training, coursework, exposure, and conferences. The data, however, supports that the training available in counseling the Latino culture is very limited and narrow. For example, most participants endorsed child-centered techniques as a multiculturally sensitive technique. This suggests that training is limited in its focus. Another example is, those trainings available typically lump Latinos into one group. Within this group lies a variety of different populations (e.g., Cubans, Mexicans, Colombians, Puerto Ricans, etc...). This so-called lumping does not take into consideration the important variations within the Hispanic population.

Although they share commonalities (e.g., language), there exists a wide range of variability in values, beliefs, and customs. This variation speaks to the importance of cultural immersion. To immerse oneself in a culture, one can learn of the intricacies and minute details that exist in a culture. To experience these differences first-hand, one can expand on their existing knowledge base toward specific cultural groups. The capacity to do so will increase multicultural competence.

This study's findings also supported that the trainings available introduced similar or general play therapy techniques for all children from different ethnic groups. Play therapy techniques utilized by the interview sample were also consistent with techniques carried out by the sample population. It appears as though training infrastructures are grouping all play therapy techniques as a means to treat all ethnic groups. An increase in multicultural sensitive play therapy techniques in training is needed. This increase will allow therapists to implement different, but effective, play therapy techniques with children from different cultural groups.

Findings offered methods to monitor personal biases, which consisted of: supervision, consultation, and self-monitoring techniques. The first two are available through direct contact with supervisors and colleagues. However, techniques to enhance self-monitoring were not addressed through training means. This is dependent on the availability of well trained supervisors and consultants in the community. Training self-monitoring techniques will instruct therapists on how to monitor their own thinking, journal, and be accountable for biases and mistakes.

Training on this subject matter will increase the therapists' ability to provide multiculturally competent therapy.

Implications

The information obtained as a result of this study has implications for the field of counseling in the specific areas of child-centered therapy, multicultural play therapy, and the development of multicultural competence.

Child-Centered Therapy

Child-centered therapy is a culturally sensitive technique that communicates understanding and acceptance. This approach to treatment has the ability to transcend cultures for the reason that children, regardless of their ethnicity, have their own culture. Children's universal culture is play and their behaviors in play. They think in metaphors and typically express themselves through the means of play. Therefore, a child-centered approach in play therapy is deemed a significantly effective tool in providing treatment to children across all cultures (Coleman, Parmer, & Baker, 1993; Kottman, 1995; Landreth, 2002).

It appears as though culturally sensitive techniques as a whole are not necessary for therapeutic change. Although incorporating multicultural play materials in treatment is extremely useful, it remains only a therapeutic tool. The major factor in increasing desirable and adaptive behaviors is the therapists' ability to display genuine care and understanding toward their young client.

Not all participants of this study indicated that child-centered therapy was a multiculturally sensitive technique. It is extremely common for therapists to utilize child-centered therapy without identifying it as one. Therefore, it is important for the general population to become aware of the significance and influence that this model encompasses. When working with children, the child-centered approach allows children the freedom to express themselves and to present their world as they know it. This provides the therapist with an understanding of the child from his/her cultural perspective. It is also important for therapists to be aware and to recognize that they practice from a child-centered approach. This awareness will increase the therapist's ability to accurately practice child-centered techniques in an effective and consistent manner.

Multicultural Play Therapy

As this study evolved, the importance of multicultural play materials became clear. The aim for multicultural play materials is to increase the child's participation in therapy. This is accomplished by providing the child with common and relevant toys that strike familiarity. Recreating familiarity displays cultural sensitivity as well as aids in rapport building.

The goal for these multicultural play materials is to increase the child's participation. This objective is achieved by providing the child with familiar play materials. This sense of familiarity will increase feelings of comfort as well as

interactions in treatment. By increasing comfort and interaction, children are more apt to participate and express themselves through play.

As a result of the influence of multicultural play materials, play therapists must begin incorporating a multicultural atmosphere as part of treatment. In order to create a multicultural atmosphere, the following is recommended. Including art décor on the walls, such as flags and maps of origin, may provide the child with a sense of familiarity. Incorporating multicultural figurines such as people of the cloth (e.g., priests) will increase the child's play behaviors. Children will play with familiar figurines, especially if they have impacted their lives or are part of their day-to-day interactions. By providing children with relevant ethnic foods, children are more likely to participate in play. Last, multicultural games such as Mexican bingo will allow the child to participate and interact with his therapist. In sum, it would be extremely beneficial for therapists to create a relevant multicultural atmosphere as part of their treatment. The therapist can also gain insight into the child's preference for play toys by interviewing the child's parents. Some questions can include what toys they play with, what games they play with, and/or how their bedroom is designed. By doing so, children are more likely to participate due to the familiarity of play materials.

Multicultural Competencies

There is a significant movement in the counseling field toward providing multicultural play therapy. Play therapists are expanding their knowledge base as well

as their ability to provide culturally sensitive play therapy techniques. This study revealed that there are many mechanisms set in place to create multicultural competencies. These mechanisms exist in the form of graduate introductory coursework and advanced courses in the respective field. There is, however, a lack in the system of maintaining and advancing on the received knowledge. There is a need to have a wider variety and more advanced multicultural trainings on the national, state, and local levels.

Furthermore, there appeared to be no relationship between years of experience and multicultural competence. Those with a few years of experience in comparison to those with multiple years of experience displayed the same multicultural knowledge and techniques. Participants reported that they gained most of their knowledge in multiculturalism through graduate school. Therefore, new infrastructure must be created in order for therapists to maintain and expand on their understanding and competence.

First, the types of trainings provided must incorporate an understanding of the different sub-cultures within the Hispanic culture. Different ethnic groups share unique sets of values and beliefs that differ from the general Hispanic culture. Training is needed to emphasize the importance of such differences. Second, counselor education programs must incorporate supervision training in identifying multicultural issues and aspects that are relevant in treating Hispanic children. Third, a basic understanding of a culture is insufficient. More is needed to comprehend the complexity of cultures and subcultures. Exposure by submerging students in different

cultures will increase future therapists' multicultural competence. Fourth, supervisors and educators must incorporate self-monitoring techniques in their training. Self-monitoring allows one to identify her strengths and weaknesses while providing treatment to children in specific cultural groups. Last, there is an enormous need for more Hispanic counselor educators who specialize in and focus on play therapy. These implications will help maintain and advance the practice of multicultural competence.

Based on the findings in this study, there are some additional training factors that must be incorporated. First, there are several common issues that Latino children have that lead them into therapy. These issues consist of mood disturbances, behavioral problems in school, trauma, and family dysfunction. Training systems must incorporate these issues into their teaching approaches to meet the needs of the Latino children. Second, the techniques used in the play therapy consist of understanding family dynamics, observing children in play, incorporating multicultural play materials in play, and determining the degree of acculturation. Training models would benefit from practicing these techniques through the various means of instruction. Last, utilizing the genogram was deemed a significant tool in understanding and conceptualizing family dynamics. The use of a genogram in training systems must emphasize the appropriateness of this technique and be incorporated into the play therapy repertoire.

Lessons Learned from Methodology

Based on this research, there were lessons learned about the methodology used. The lessons learned included (a) narrow generalizability and (b) oversight of a survey question.

Narrow Generalizability

In phase two of this study, several participants were selected by meeting predetermined criteria. This, however, may be viewed as an issue for the study due to the reliance on a small number of participants to represent the larger group. It may be plausible that the ideas and perceptions of the twelve participants do not reflect the perceptions of the sample population. The issue of generalizability therefore lies in the design of this qualitative study. Although qualitative research designs do not require one to generalize beyond the sample size a larger sample would solidify and strengthen the results discovered. It is proposed that future researchers in this area of study expand the number of participants. By doing so, researchers can get depth and richness into exactly what is happening in multicultural counseling and play therapy. Additionally, they will be able to draw more general conclusions beyond the sample.

Oversight of a Survey Question

There may have been a lack of pertinent information in phase two of the study. This survey did not ask the interview participants to identify how their training has

impacted their multicultural competence. By doing so, this study would have gained insight into the relationship between training and the display of culturally sensitive techniques. Additionally, by asking the participants to expand on their training experience, this study would have revealed potential gaps in training mechanisms.

Another oversight was omitting the question, “have you identified a personal bias, and if so how does it affect your ability to display cultural sensitivity?” I focused on how the participants maintained awareness of their biases and excluded the importance of understanding the impact of that bias on their practice. This question may have provided additional information on those who showed little evidence of cultural sensitive display in their work with Latino children, even though they identified themselves as multiculturally sensitive therapists.

Future Research

Several recommendations for future research are evident and discussed in the sections below.

- Future studies can attempt to increase validity by triangulating observations with interview by in vivo methods or video taping.
- Future studies can be strengthened by increasing the sample size in respect to the interviewees. This can be achieved by decreasing the standards of the criteria and incorporating a different minority ethnic/racial group.
- Future studies can encompass a more collaborative/interactive approach to the qualitative portion of this study. By interacting with the participants in

the interviews, the responses may have been richer in context.

Additionally, a more interactive interview would have decreased repetitive and off-task answers.

- Future studies can ascertain more training questions. This study was limited in making a strong and direct relationship between training and multicultural competence. Therefore, detailing past training would enable future studies to make a relationship between training and multicultural competence.
- Future studies can incorporate a Pearson's r correlation test that compares training and multicultural sensitive play therapy techniques. By doing so, one may be able to establish a relationship between all types of training with the ability to display culturally sensitive techniques.
- Future studies can examine the clients' perspectives and attitudes toward their therapists' capacity to provide multicultural therapy as well as their ability to display cultural sensitivity and understanding.
- Future studies can examine if Latino children have a preference for toys that resemble the Hispanic cultures vs. other cultures.

Conclusions

Conclusions of this study are highlighted below.

- Play therapists who work with Latino Children show cultural sensitivity by displaying multiculturally sensitive play therapy techniques and are as follows.
- Play therapists displayed sensitive play therapy techniques by examining the dynamics within their Latino client's family.
- Play therapists displayed sensitive play therapy techniques by assessing the Latino child's degree of acculturation.
- Play therapists displayed sensitive play therapy techniques by communicating with their client in the Spanish language.
- Play therapists displayed sensitive play therapy techniques by incorporating multicultural play materials in play.
- Play therapists displayed sensitive play therapy techniques by practicing from a child-centered perspective.
- Play therapists displayed sensitive play therapy techniques by increasing their sense of awareness toward multicultural issues (e.g., immigration).
- Play therapists do not implement any new conceptual or creative strategies in working with Latino children that are not currently supported and clearly identified in the literature.
- The genogram was deemed a multiculturally sensitive systemic technique that can be used in play therapy in understanding and conceptualizing family dynamics.

- Number of years and training experiences did not increase one's ability to provide multicultural sensitivity.
- Multicultural competence is achieved or gained by: graduate coursework, exposure to the cultural group, conferences, and training.
- Training geared toward the Latino population is limited and narrow.
Training models lump the many Latino cultures into one ethnic group.
- The significant issues as to why Latino children seek treatment are due to: mood disturbances, family dysfunction, school-related difficulties, and traumas resulting from sexual abuse, physical abuse, and loss.

Summary

An exploratory qualitative study was used to (a) discover various multiculturally sensitive techniques in play therapy, (b) determine if play therapists are displaying cultural sensitivity, and (c) verify if training influences multicultural competence. This examination revealed that play therapists are engaging in multiculturally sensitive practices and are displaying a number of related culturally sensitive play therapy techniques. It was also discovered that that training and years of experience in the field did not necessarily impact one's capacity to provide multicultural play therapy. Their ability to demonstrate a non-directive and child-centered approach is deemed as a significant source in developing adaptive behaviors. This chapter provided (a) an examination of multiculturally sensitive play therapy techniques, (b) the relationship between training and multicultural competence, (c)

implications of the findings for the field of multicultural play therapy, (d) lessons learned from the methodology of this study, (e) suggestions for future research, and (f) the conclusions of the study.

This study intended to identify play therapy techniques that work with Latino children. As I started the study, I expected to gain a list of hands-on play therapy techniques used with Latino children. As a matter of fact, the detailed and animated list that I expected did not exist. The techniques, however, can be identified as one overarching approach – the need to demonstrate cultural sensitivity. That is, when a Latino child comes to therapy, the play therapist's awareness and the need to display cultural sensitivity is heightened. Although this heightened awareness is appropriate, more training is needed to support play therapists in the field. The training needed must focus on distinct cultural issues, typical cultural practices, and commonly seen pathologies.

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APPENDICES

APPENDIX A
RECRUITMENT LETTER

Recruitment Letter

796 Mesa Drive
Elgin, IL 60123
(Date)

Dr. Garry Landreth
(Address)
(City, State, zip)

Dear Colleague:

My name is Daphne Pradilla, I am a doctoral student at Northern Illinois University. I am beginning the first phase of the research for my dissertation. You are being asked to participate in this study because it has been indicated that you are a Registered Play Therapist or Registered Play Therapist Supervisor and a member of the Association for Play Therapy. By responding to this survey you are consenting to participate in a study regarding play therapy in a multicultural context. The ultimate goal of this research is to gain insight into the effective strategies and techniques that Play Therapists use. The survey will take 5-10 minutes to complete.

All information is confidential. At any point during this process your participation can be discontinued without any consequences. The only risk to you that we foresee is a reaction to the possible identification of a gap in your knowledge. Your participation in this research will contribute to the knowledge base about counseling diverse children. If you wish to participate in follow-up questions regarding detailed Play Therapy strategies and techniques and/or would like to obtain a summary of the results, please indicate that at the bottom of the survey.

Questions concerning your rights as a participant in this research may be directed to the Office of Research Compliance at Northern Illinois University at (815)-753-8588. Questions about the study may be directed to the researcher: Daphne Pradilla, 630-618-8561 or dnpradilla@yahoo.com, Dr. Francesca Giordano (director of dissertation) at fgiordano@niu.edu, or Dr. Teresa Fisher (co-director of dissertation) at tafisher@niu.edu.

Thank you for your time and participation.

Sincerely,

Daphne Pradilla, LCPC
Doctoral Candidate

APPENDIX B

SURVEY

Survey

DEMOGRAPHIC INFORMATION

1. Check your age: 30 and under, 31-35, 36-40, 41-45, 46-50, 51-55, 56-60, 60+
2. Check: Male or Female
3. Check highest degree earned: Doctorate, Masters, Bachelors, Other (Please Specify) _____
4. In what year did you receive your highest degree? _____
5. Check your racial/ethnic background:
_____ African American/Black
_____ Asian American
_____ Caucasian/European
_____ American
_____ Latino/Hispanic American
_____ Native American
_____ Other (Please Specify) _____
6. Years of counseling experience? _____
7. Years of Play Therapy practice/experience? _____
8. Check: I am a Registered Play Therapist or I am a Registered Play Therapist Supervisor.

CLIENT INFORMATION

9. Check the approximate percentage of each racial/ethnic group that make up your Play Therapy clientele?

African American/Black __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%, __ 51-60%,
__ 61-70%, __ 71-80%, __ 81-90%, __ 91-100%.

Asian American __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%, __ 51-60%, __ 61-
70%, __ 71-80%, __ 81-90%, __ 91-100%.

Native American __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%, __ 51-60%, __ 61-
70%, __ 71-80%, __ 81-90%, __ 91-100%.

Caucasian/European American __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%,
__ 51-60%, __ 61-70%, __ 71-80%, __ 81-90%, __ 91-100%.

American __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%, __ 51-60%, __ 61-70%,
__ 71-80%, __ 81-90%, __ 91-100%.

Latino/Hispanic American __ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-50%, __ 51-
60%, __ 61-70%, __ 71-80%, __ 81-90%, __ 91-100%.

Multiracial (Please Specify) _____ 0-10%, __ 11-20%, __ 21-30%, __ 31-40%, __ 41-
50%, __ 51-60%, __ 61-70%, __ 71-80%, __ 81-90%, __ 91-100%.

10. Briefly specify the top five issues that you work with most frequently and rank
them 1-5 as to their predominance in your practice with one being the largest.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

11. Briefly describe one way in which you take the client's cultural context into
account when devising appropriate strategies and interventions?

Thank you for your participation in this phase of my study. I plan to interview
a number of participants to identify strategies for counseling diverse groups of
children. Those who complete the survey and/or participate in the interview can
request a summary of the effective techniques identified. Please send this request to

Dnpradilla@yahoo.com. All information will be kept confidential and information gathered will be aggregated so no identifying data will be revealed. If you are willing to be placed in the pool for selection to be interviewed in person or by telephone please provide the following information:

Name _____

Phone Number(s) _____ Mobile _____ Work _____

Home _____

City _____

Time Zone _____

Best times to call _____

Most interviews will be done via telephone. If I am able to come to your location would you be willing to meet in person? Yes or No

By completing this form, you are consenting to be audio-taped as part of the interview process.

Thank you for your participation in this research.

Daphne Pradilla LCPC

Doctoral Candidate

Dnpradilla@yahoo.com

(630)618-8561

APPENDIX C
REMINDER LETTER

Reminder Letter

796 Mesa Drive
Elgin, IL 60123

(Date)
Mr. Garry Landreth
(Address)
(City, State, zip)

Dear Colleague:

A survey regarding Play Therapy and working with diverse children was emailed to you on (Date). I hope that you had the opportunity to view and complete the survey. If you have not completed the survey, please do so at your earliest convenience. Your participation is vital to my research. If you need an additional copy of the survey please contact Daphne Pradilla at dnpradilla@yahoo.com.

Thank you for your time and participation,

Sincerely,

Daphne Pradilla, LCPC
Doctoral Candidate

APPENDIX D
INTERVIEW SCHEDULE

Interview Schedule

My name is Daphne Pradilla. You returned a survey to me indicating that you would be willing to participate in an interview describing your techniques for counseling diverse groups of children. This is the second phase of my study and I appreciate your willingness to share your knowledge and expertise with me.

First Question: Do I have your permission to audio-tape? (If participant says yes, interview will continue. If participant says no, interview will be terminated).

Practice

- 1a. How do you take the Latino child's cultural context into account when providing play therapy?
- 1b. Describe an effective strategy that you have used with Latino child.
- 1c. What components make that strategy multiculturally sensitive?

Knowledge

- 2a. What cultural issues are important in counseling Latino children?
- 2b. How are these strategies different from those used with other cultural groups?

Development

- 3a. How many years of experience do you have working with Latino children?
- 3b. What types of training in multicultural counseling or issues have you had?

Biases

- 4a. How do you maintain awareness of your cultural biases?

Thank you very much for your participation. Please provide your email address so that I can send you a summary of the identified culturally sensitive techniques that work with Latino children.